

HOPKINTON INDEPENDENT

ACCOUNT INFORMATION

Business Name: _____ Contact Person: _____
 Email: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____

Contract Terms: All ad placements must be completed within 12 months of start date. Hopkinton Independent reserves the right to cancel this contract at any time without financial penalty to the advertiser.

Discount Schedule: 5% - 7 issues 10% - 13 issues 15% - 25 issues <-- Our Best Offer!
Discounts will be combined and applied to B&W rate 5% Additional discount with prepayment of entire contract

Color B&W Ad Size: _____ Start Date: _____ Business Profile Date: _____

Additional Information: _____

The Hopkinton Independent will print all advertisements according to the schedule you, the customer, select. In the event that copy is not made available by deadline, an agreed upon standard advertisement will be run to fill the space and the same payment schedule will apply. Contract will renew automatically yearly on anniversary date for 13 and 25 issue commitments. Customer will be exempt from all rate increases as long as 13 or 25 issue contract is in effect. To discontinue automatic renewal a written request is required.

Yes, I would like to be exempt from price increases. _____
(customer signature)

Payment Terms: Payment for the first ad placement is due at signing of the contract. All future invoices are net 30 days subject to credit approval. A 1.5% monthly finance charge will be assessed on amounts past due. Defaulting on a contract will result in a \$50 cancellation fee. Any discounts applied during the contract period will also be charged back to the client. Defaulting on a contract where a Business Profile has already been published will result in a \$350 charge to cover the cost of producing the Business Profile.

I would prefer to be invoiced for my advertising (check one) Email address above Postal address above

I will use a credit card to pay for advertising

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVC #: _____

Billing Address for Card: Same as above As listed on the line below

Publication Dates (All placements on this contract must be made within a 12 month period.)

- | | | | | |
|--|---|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 28, 2023 | <input type="checkbox"/> October 25 | <input type="checkbox"/> February 7 | <input type="checkbox"/> May 15 | <input type="checkbox"/> September 18 |
| <input type="checkbox"/> July 19 | <input type="checkbox"/> November 8 | <input type="checkbox"/> February 21 | <input type="checkbox"/> May 29 | <input type="checkbox"/> October 2 |
| <input type="checkbox"/> August 2 | <input type="checkbox"/> November 22 | <input type="checkbox"/> March 6 | <input type="checkbox"/> June 12 | <input type="checkbox"/> October 16 |
| <input type="checkbox"/> August 16 | <input type="checkbox"/> December 6 | <input type="checkbox"/> March 20 | <input type="checkbox"/> June 26 | <input type="checkbox"/> October 30 |
| <input type="checkbox"/> August 30 | <input type="checkbox"/> December 13 | <input type="checkbox"/> April 3 | <input type="checkbox"/> July 17 | <input type="checkbox"/> November 13 |
| <input type="checkbox"/> September 13 | <input type="checkbox"/> ~ Winter Break~ | <input type="checkbox"/> April 10* | <input type="checkbox"/> August 7 | <input type="checkbox"/> November 27 |
| <input type="checkbox"/> September 27 | <input type="checkbox"/> January 10, 2024 | <input type="checkbox"/> April 17 | <input type="checkbox"/> August 21 | <input type="checkbox"/> December 11 |
| <input type="checkbox"/> October 11 | <input type="checkbox"/> January 24 | <input type="checkbox"/> May 1 | <input type="checkbox"/> September 4 | <input type="checkbox"/> December 18 |

*Boston Marathon Special Edition

The undersigned acknowledges that they have read and accept the contract terms stated above. Your digital signature (typed name), above and below, authorizes the acceptance of this agreement and use of the credit card provided.

Customer Signature: _____ **Date:** _____

Printed Name: _____ **Ad Rep:** *Susanne Odell Farber*