



Advertising Agreement

Client Information

Company Name _____ Purchase Order# _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Ad Contact _____

Telephone _____

Email _____

Payment Contact _____

Telephone _____

Email _____

Specification (special instructions at bottom)

Ad Size _____ Frequency _____

Beginning Issue _____ Ending Issue _____

Amount per Ad \$ _____

Name on Card _____

Card type _____ # _____ - _____ - _____ - _____

Security Code _____ Billing Zip _____ Exp. ____/____

Please Note: We require a Visa, Master Card or American Express number on file, which is valid for the period of time indicated by the advertising contract. We will not use the credit card unless you request its use. However, all advertising must be paid upon receipt of invoice. In the event that the advertisement is not paid receipt of invoice, the credit card will be charged for advertising.

Monthly Cost \$ _____ Check Sent Date _____

RI Echo Account Manager / Sales Rep _____

Client Signature _____ Date _____

Client Name (Please Print) _____ Title _____

Special Instruction _____

Ad Dimensions / Price Per Issue

Full Page - \$700
9.5" wide x 11" High

Half Page Horizontal - \$500
9.5" wide x 5.25" high

Half Page Vertical - \$500
4.625" wide x 11" high

Quarter Page Vertical - \$300
4.625" wide X 5.25" high

Eighth Page - \$150
4.625" wide X 2.625" high