

Send completed form to

Accounting at dfwkids@grandecom.net

Fax: 469-574-7915 or 888-414-1484

www.dfwkidsdirectory.com

* All ads are **full color** and run for a **minimum of 4 months***, after which your ad will continue to run until you contact us in writing to cancel it. You will be notified by newsletters and invoices of all upcoming deadlines for ad changes and cancellations.

* The DFW Kids Directory is a monthly publication, but it is printed bi-monthly. Each printing deadline includes two separate monthly issues. The six print deadlines occur on the 10th day of the following months: February, April, June, August, October and December. **All new ads, ad changes and cancellations are due in writing by these dates.**

* Invoices are sent the first of each month. It is your responsibility to advise us in writing if errors occur in billing, crediting or processing.

* All current advertisers receive a complimentary full ad display and link on our website as well as other web benefits.

* All retail locations will make available display space for current DFW KD issues for customer pick-up. Our delivery team will refill all locations by the 4th of each month. Middle of the month refills are available as needed upon request.

DFW E & W Kid's Directory Pymt Agreement

INVOICING Contact Information: If credit card statements are sent to a separate address please provide it so our processing is accurate.

Company _____

Contact _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Email _____

Complete the following information as a confirmation of our advertising agreement for billing purposes:

Circle one or more editions in which you wish to be included. Additional discount may apply to multiple editions.

EAST

WEST

We will run the following size ad: _____

at the following Monthly Payment: _____

beginning with the month/year: _____

Identify payment choice: The DFW Kids Directory is happy to use a convenient automatic credit card processing system for your monthly payments although payment by check or money order is accepted.

(Credit Card information must be included in the next section)

1. Bill me the amount due at the address and email listed

2. Process my credit card monthly for the amount indicated

3. Process my credit card for the following amount one time only _____

All payments are due the 25th of each month.

Payment Information: If payment is to be made by credit card please circle the credit card type and fill in the appropriate information for automatic monthly payments. Payments will be processed between the 20th and 30th of every month. If there are changes in your advertising that affect your payments, you must notify us by the 15th of the month to ensure proper processing.

Master Card

Visa

Discover

Card # _____ Security Code # _____

Expiration Date _____ Name (as it appears on the card) _____

Comments _____

As cardholder I agree to the listed amount being drawn in exchange for advertising of the above business

Signature of cardholder _____

Date _____ **Title** _____

Further instructions regarding payment processing: _____

DFW KD Contact person (please identify one): Phyllis Jan Brooke Don Kari