

Send completed form to Don at:

Email: don@dfwkidsdirectory.com

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

Phone: 972-774-1414 or 888-968-1414

Website: www.dfwkidsdirectory.com

DFW Kid's Directory Payment Agreement

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 _____

* 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 to cancel it.

* The DFW Kid's 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 unless stated otherwise on your invoice.**

* We are happy to use a convenient automatic credit card processing system for your monthly payments although payment by check or money order is accepted. All payments are **due the 20th of each month.**

* 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.

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

Please be aware that DFW South Kid's Directory is managed and invoiced separately.

We will run the following size ad: _____

at the following Monthly Payment: _____

beginning with the month/year: _____

Identify payment choice:

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

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 are processed between the 15th and 30th of every month. If there are changes in your advertising that affect your payments, you must notify us by the 10th of the month to ensure proper processing.

Master Card Visa Discover

Card # _____ Security Code # _____

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

Comments _____

Signature _____ **Date** _____

Title _____

Further instructions regarding payment processing: _____

DFW KD Contact person (please identify one): Phyllis Jan Pennie Liz Don Kari Marci Dren