

The DFW South Kids Directory

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* 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. 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.**

*Payment Options:

- Invoices are sent via email with a link that allows you to pay securely online via credit card.
- Fax in this form for automatic credit card billing.
- Mail check or money order to address listed on invoice.

All payments are *due the 1st of the month for that month's ad.*

Advertising Agreement

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

Date _____

Company _____

Contact _____

Address _____

City, State, Zip _____

Phone # _____

Fax # _____

Email _____

Website _____

Advertising Requirements: If agreed rate is different please indicate the correct amt.

___ Twelfth Pg Ad \$60 per month ___ Sixth Pg Ad \$100 per month

___ Consignment Pg Ad \$65 per month ___ Quarter Pg Ad \$150 per month

___ Half Pg Ad @ \$275 per month ___ Full Pg Ad @ \$500 per month

___ Web Only Ad @ \$30 per month ___ Premium Listing \$ _____

___ Home Based Business Classified @ \$30 per month

___ Home Based Business Classified @ \$40 per month (larger size ad)

* Ads created remain the property of The DFW Kids Directory™.

Payment Information:

Please circle the credit card type and fill in the appropriate information for automatic monthly payments. Automatic payments are processed 1st of every month for that month's ad. If there are changes in your advertising that affect your payments, you must notify us before the 1st of the month to ensure proper processing.

Master Card Visa

Card # _____

Expiration Date _____ 3 Digit Security Code: _____

Name (as it appears on the card) _____

Make note here if withdrawal only authorized for certain month, period of time or amount limit _____

Signature _____

Date _____

Title _____ Monthly Agreement to begin with the _____ issue