

ADVERTISING AGREEMENT

P.O. Box 22617 • Charleston, SC 29413 • 843.530-0403 office • Publisher@IslandVibesIOP.com

Advertiser _____ Date _____

Contact _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____ Website _____

Magazine	Volume / Issue	Size	Special Placement	Design?	Deadline	Amount
				<input type="checkbox"/> Client <input type="checkbox"/> MS		
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TOTAL						

Comments/Additional Values _____

Does this agreement include an ad in *Isle of Palms Real Estate Guide*? No Yes

By signing this contract to place advertising in Island Vibes, the advertiser hereby agrees to the following terms.

1. **Payment:** Advertising in Island Vibes will be billed **30 days** before publication or at the time of this agreement if less than 30 days prior to the publication. The unpaid balance is subject to a late fee of 3.5 percent per month.
2. **Advertising materials:** When ad materials are not turned in by the deadline, Island Vibes reserves the right to publish an ad from the previous issue.
3. **Deadlines:** The deadline to provide advertising material for each issue is the first Friday of the month preceding publication.
4. **Termination:** The advertiser agrees that this agreement cannot be terminated unless Island Vibes is given **written notice at least 60 days prior to the space deadline**, which is the first Friday of the month preceding publication. If a six-issue or 12-issue contract is signed and subsequently terminated before the duration of the agreement, the advertiser agrees to pay 65% of the contract's balance.

I have read and understand the terms of this agreement, and I agree to be personally responsible and that I represent the company responsible for this debt. I understand the terms of this agreement and the deadline dates.

Authorized Signature _____ Date _____

METHOD OF PAYMENT: We accept all major credit cards or can setup an automatic monthly draft from your checking account.

Agreement must be accompanied by Deposit/Setup Fee of \$ _____ if no payment method supplied.

Visa MasterCard Amex Auto-Pay From Checking Account (*please attach VOIDED Check*)

Card number _____ Expiration Date _____

CVV# _____ Billing Address ZIP Code _____ Billing Start Date 1st *or* 15th of Month

Deposit/Setup Fee: \$ _____ Monthly Payment \$ _____ Number of Payments/Months _____ Initial _____