

San Diego GROWN

2018 Ad Contract

ADVERTISER INFORMATION

Company Name: _____

Contact Name: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Telephone (business): _____ Fax: _____

E-Mail: _____

ADVERTISEMENT DETAILS

Ad size (please check) Full Page Half Page Quarter Page Sixth Page BC

Issues to insert (please check) Spring Summer Source Book Fall Winter

AD RESERVATION CHECK OUT

Price per insertion : \$ _____
(see attached rates)

Number of Issues: _____

Total Amount Due: \$ _____

Payment Terms:

- Check for full amount enclosed
- Pay in full by credit card
- Send invoices for each issue

Signature: _____ Date: _____

Credit Card Authorization Form

Amount: \$ _____ Visa Mastercard Amex Exp Date: _____ Security Code: _____

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Signature: _____

Contract terms and signature required for ad placement

Print completed contract and FAX to the Farm Bureau office at (760) 489-6348
Or mail to: **San Diego County Farm Bureau, 420 S. Broadway Suite 200, Escondido, CA 92025**