

SOURCE MAP

P.O. Box 460
Tracyton, WA 98393



Olympic Peninsula Front Cover



Kitsap Peninsula Front Cover



Seattle Reverse Front Cover

INSERTION ORDER



NAATTRactions COUNCIL.org

OLYMPIC PENINSULA / KITSAP PENINSULA / SEATTLE'S BEST MAP

Phone (360) 649-0532

www.SeattlesBestMap.com

mail@Source-Map.com

BUSINESS	CONTACT		TITLE
ADDRESS	PHONE		
CITY	STATE	ZIP	FAX
NWAC Rep	Date	E-MAIL	

Published Quarterly: Spring Summer Fall Winter

Display Advertising Rates Pre-Paid: by the Quarter or Annual (10% Discount for annual pre-payment)

OLYMPIC PENINSULA KITSAP COUNTY

Cover: Feature Ad: #1(top) - #6 (bottom): # ____ (write-in): \$250/qtr (subject to Publisher's approval)

Inside: Map Logo: \$150/qtr Bus Card* (80%): \$150/qtr

Info-Display Ad - Small: \$299 - \$450/qtr

Info-Display Ad - Large: \$299 - \$450/qtr

Employment / Educational Opp.: \$75/qtr

SEATTLE / King Co. (pages 22 - 24)

Cover (page 24): Feature Info-Display Ad: \$299 - \$450/qtr (#1 Top- #6 (bottom): # ____ (write-in)

Inside (pages 23): Map Logo: \$150/qtr Business Card*: \$299/qtr Business Card: pgs.\$299/qtr

* Business Card ads may be reduced in size up to 20%

Top Ten: \$50/spot (pages 22- 23 , #1 - #10): # ____

Custom Advertising: _____

Customer will supply advertising materials to Publisher on or before: _____

Sales Notes: _____

\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

Payment Methods

Credit Card PayPal Checking Account

Please make check payable to: SOURCE MAP

Quarter or Year Sub-Total

_____ Adjustment

Total Payment

PAYMENT PARTICULARS: Terms: Full Payment with signed Order.

Methods of Payment: Check or major Credit Card.

Please make check payable to: **Source Map**

* Number of Credit Card usages authorized for this Agreement: _____
\$ Amount per usage: \$ _____

Credit Card #: _____ Exp. ____ / ____ C.V.C.#: _____

Billing Address for Credit Card: Street Address: _____

City/State/Zip: _____

Authorized Signature for Advertising and/or Credit Card: _____ Date: _____

Customer's Printed Name: _____

Form: op-kc-sbm_insertion_170731.ai