



SOURCE MAP, Inc.

P.O. Box 460
Tracyton, WA 98393

**INSERTION
ORDER**

SEATTLE'S BEST MAP ADVERTISING AGREEMENT

Phone (360) 479-8384

FAX (360) 479-8469

mail@Source-Map.com

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

Publishing to commence in Quarter: Spring/Summer Fall/Winter

Display Advertising Rates are annual agreements

- Folded Front: **SBM;** **NWAM:**
- Position: #1 (top) **\$2,500/yr.** #2 **\$2,000/yr.** #3 **\$1,750/yr.** #4 **\$1,500/yr.** #5 **\$1,250/yr.** #6 (bottom) **\$900/yr.**
- Folded Back Panel: 4"w x 10.5"h: **\$4,500/yr.** Panel # _____ \$ _____
- Full Panel: 4"w x 10.5"h; **\$3,500/yr.** Panel # _____ \$ _____
- 1/2 Panel: 4"w x 5.25h"; **\$1,900/yr.** Panel # _____ \$ _____
- 1/3 Panel: 3.5"w x 3.3"h; **\$1,300/yr.** Panel # _____ \$ _____
- 1/4 Panel: 4"w x 2"h; **\$595/yr.** Panel # _____ \$ _____
- Fill Spot: <4"w x 2"h; **\$595/yr.** Panel # _____ \$ _____
- Logo on Seattle Map: Size: 3/4" x 3/4"; **\$995/yr.** Panel # _____ \$ _____
- Logo on Washington Map: Size: 3/4" x 3/4"; **\$750/yr.** Panel # _____ \$ _____
- Pop-up Printable Coupon (Internet): **\$495/yr.** _____ \$ _____
- Line of text (45 Char); \$200/yr. Internet URL Link; \$100/yr. Video Clip (30 sec) \$1,250/yr. _____ \$ _____

Customer to supply ad materials to Publisher on or before: _____

Sales Notes: _____

Payment Method: Credit Card Checking Account

Please make check payable to: SOURCE MAP, Inc.

Advertising Agreement

Customer agrees that any overdue balance showing on Customer's account will be charged a Finance Charge of one percent (1%) per month, and such amount will be added to Customer's statement, and Customer agrees to pay such Finance Charges as well as all costs associated with collection including legal and/or arbitration fees and third-party Court costs.

| | |
|----------------------|----------|
| Yearly Total | \$ _____ |
| DownPayment | \$ _____ |
| Balance TOTAL | \$ _____ |
| Payments of | \$ _____ |

PAYMENT PARTICULARS:

Terms: Full Payment with signed Order.

Methods of Payment: Check or major Credit Card.

Please make check payable to: Source Map, Inc.

Credit Card (C.C.) #: _____ **Exp.** ___/___ **C.S.V.#:** _____ **No. of C.C. usages for this Agreement:** _____

Amount of each C.C. usage: \$ _____

Billing Address for Credit Card: Street Address: _____

City/State/Zip: _____

Advertiser certifies compliance with all State, County & City requirements for contractor Licensing, Bonding, Workmans Comp and Insurances: _____

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

Customer's Printed Name: _____