



Asheville Home Builders Association Newsletter Advertising Contract

Business Name: _____ Phone: _____

Contact Name: _____ Email: _____

| Ad Options - circle ad choice | Ad Size | Price Per Issue | Year Price (Paid in Full) |
|-----------------------------------------------------------------|--------------|-----------------|---------------------------|
| Half Page (2 spots available per issue) | 7.75w x 4.25 | \$225 | \$2430 |
| Quarter Page (4 spots available per issue) | 3.5w x 4.25 | \$120 | \$1296 |
| 1/8 Page (6 spots available per issue) | 3.5w x 2 | \$80 | \$864 |
| Horizontal Banner Ad (2 spots available per issue) | 7.75w x 1.75 | \$120 | \$1296 |
| Vertical Banner Ad (2 spots available per issue) | 1.75w x 1.75 | \$120 | \$1296 |
| Half Page Back Cover -color (1 spot available per issue) | 7.75w x 5 | \$300 | \$3240 |

Specify month(s) to run ad: January February March April May
 June July August September October November December

Ad Specifications: Ads can be run on a per month basis, quarterly or for the full calendar year. Ads must be submitted digitally at the size specified, print ready, at least 300 dpi and in a tiff or pdf format. All ads must be submitted in Grayscale, except for the Back Cover ad, which is full-color CMYK. The AHBA reserves the right to refuse any ad that does not meet the standards set by the AHBA.

Deadlines: All ads must be submitted to the AHBA by the 15th of the month prior to when the ad is scheduled to run. (Example: If the ad is requested to run in June, payment is due upon reservation and the artwork is due by the 15th of May.)

Billing terms: Ad rates listed above are for print ready ads. Payment is expected in full at the time of reservation. For full-year contracts, quarterly billing is available with a 10% convenience fee due with first quarter payment. Quarterly billing is available with full-year contracts only.

Cancellations: *Payments received will not be refunded.* Cancellations of full-year contracts will be charged a 20% processing fee of the total ad purchase price.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|-------------------------------|
| CHARGE MY CREDIT CARD FOR THE TOTAL AMOUNT INDICATED | | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| Card Number: _____ | Exp. Date: _____ | 3-digit Code _____ | |
| Billing Address: _____ | | City/State/Zip: _____ | |
| Required information for quarterly payments: I understand that as an advertiser who makes quarterly payments, I am required to provide a credit card number above to secure my ad reservation. I understand that this card number will be kept on file and will be charged automatically at the beginning of every quarter unless payment is previously made otherwise. In the event of a cancellation of a quarterly paid advertisement, my card will be charged a 20% processing fee. | | | |
| <input type="checkbox"/> Charge Credit Card Full Amount | <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Quarterly Payments | |
| Total Amount Charged: \$ _____ | | Signature: _____ | |

I have read and understand the above contract and agree to the terms and conditions listed herein.

Advertiser's Signature

Date (DD/MM/YY)

Send Advertising Contract to: PO Box 9722 Asheville NC 28815
KC Hart, Director of Marketing & Communications
Phone: 828-299-7001 Fax: 828-299-7008 Email: kc@ashevillehba.com

| |
|-------------------------------------------|
| Office use: |
| Date Received: _____ |
| Artwork Received <input type="checkbox"/> |
| Total Amt: _____ |
| Amt Received: _____ |
| Fee Amt: _____ |