

TEXAS WATER UTILITIES JOURNAL

DISPLAY ADVERTISING CONTRACT/CONFIRMATION

Date _____

Product Advertised _____

Billing information (name & company) _____

Mailing Address _____ City _____

State _____ Zip _____ Phone (____) _____

PAYMENT:

First time advertisers must make full payment when advertising materials are submitted. All ads must be paid for within 30 days of invoice date.

CANCELLATIONS:

A Cancellation of any part of a contract voids all rate and position agreements. Cancellations not accepted after posted closing date.

Name of Advertiser (if different from above) _____

Mailing Address _____

City _____ State _____ Zip _____ Phone (____) _____

SPACE ORDERED: DISPLAY (Check ad size requested)

- Outside Back Cover
- Inside Front Cover
- Inside Back Cover
- Center Spread
- Full Page
- 1/2 Page Vertical / Horizontal (please circle one)
- 1/4 Page

INSTRUCTIONS:

- Black & White
- 4-Color
- Run same copy each insertion
- New copy each insertion
- Special position _____
- Special instructions _____

Check Months of Insertions Deadline Dates

- | | | | | |
|------------------------------------|----------|-------|---|----------|
| <input type="checkbox"/> January | 20 _____ | Dec. | 5 | 20 _____ |
| <input type="checkbox"/> February | 20 _____ | Jan. | 5 | 20 _____ |
| <input type="checkbox"/> March | 20 _____ | Feb. | 5 | 20 _____ |
| <input type="checkbox"/> April | 20 _____ | Mar. | 5 | 20 _____ |
| <input type="checkbox"/> May | 20 _____ | Apr. | 5 | 20 _____ |
| <input type="checkbox"/> June | 20 _____ | May. | 5 | 20 _____ |
| <input type="checkbox"/> July | 20 _____ | June. | 5 | 20 _____ |
| <input type="checkbox"/> August | 20 _____ | July. | 5 | 20 _____ |
| <input type="checkbox"/> September | 20 _____ | Aug. | 5 | 20 _____ |
| <input type="checkbox"/> October | 20 _____ | Sept. | 5 | 20 _____ |
| <input type="checkbox"/> November | 20 _____ | Oct. | 5 | 20 _____ |
| <input type="checkbox"/> December | 20 _____ | Nov. | 5 | 20 _____ |

Total number of insertions _____
at \$ _____ per insertion.

Total Payment of contract \$ _____

Payment enclosed? Yes No

By _____

Signature _____

Confirmed _____

Please return completed contract and artwork / high-resolution file (PDF preferred) to:
TWUA, 1106 Clayton Lane, Suite 112 West, Austin, Texas 78723, Fax: 512/459-7124, Voice: 888/367-8982
Advertisements may be emailed to: d.martin@twua.org* www.twua.org

CONTRACT VOID IF ADVERTISER FAILS TO MEET ESTABLISHED REQUIREMENTS.