



1707 Fourth Street, P.O. Box 5469
 Trenton, New Jersey 08638
 Tel: 1-800-333-3166 or (609) 883-2700
 Fax: (609) 883-8821 email: advertise@jppc.net

Office Use Only

Advrt. No. _____
 Start Date _____

ONE YEAR Church Bulletin Advertising Contract

Church Name/Location: _____ Church No. _____

The undersigned agrees to advertise in the above named church bulletin **for a period of 52 weeks** beginning on _____ or approximately **one month** from the date the completed agreement is received by the office. The advertising rate is \$ _____ per week. The cost of the advertisement is \$ _____.

Payment in Full _____ 50% Payment of _____ Balance Due of _____ Initials _____
 (30 days after printing of 1st bulletin)

Advertiser Name & Billing Address

Business Name: _____
 Attention: _____
 Address: _____
 City _____ State _____ Zip _____
 Telephone: () _____
 Fax: () _____ email address: _____

New Ad
 Upgrade
 Conversion _____
 Multiple Bulletin Advertiser
 (list other churches)

AD COPY Advertiser will be sent a copy of the bulletin for review when ad first appears.

(actual unit size varies accordingly)

Ad changes are limited to one per quarter.

OF UNITS _____
 _____ HORIZONTAL
 _____ VERTICAL
 _____ BLOCK/BOX
 _____ STRIP
 _____ REVERSE
 _____ SCREEN
 _____ LOGO

Special Instructions: _____

THIS CONTRACT WILL BE IN FORCE FOR A MINIMUM PERIOD OF 52 WEEKS. The ad will continue after the initial 52-week period unless the advertiser notifies John Patrick Publishing in writing that they wish to cancel the ad. Exclusivity and ad position cannot be guaranteed. John Patrick Publishing will not recognize any verbal agreements made by the representative beyond this written contract. Invoices are due upon receipt. Non-payment of invoices on a timely basis will be cause for cancellation and collection charges.

TOTAL AMOUNT OF CONTRACT \$ _____ AUTHORIZED SIGNATURE _____ DATE: _____

PAYMENT METHOD Check : No. _____ Amt \$ _____ Cash : Amt \$ _____



Please Select Credit Card Used

Amt \$ _____ Card No. _____

Cardholder Name _____ Print _____ Signature _____ Exp Date _____

I authorize JPP to charge my credit card for future invoices until I notify otherwise in writing _____ Print _____ Signature _____

JPP Rep Signature _____ JPP Management Acceptance _____

OFFICE USE ONLY: _____ A/R Entered _____ Ad Placed _____ Ad Proofed _____ Letter Sent _____