



# MAP ADVERTISING

# ANNUAL AGREEMENT

SALES REP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: _____	MAP CITY: _____	EDITION: _____
ADVERTISER: _____		CONTACT: _____
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
PHONE: (_____) _____	FAX: (_____) _____	
E-MAIL ADDRESS: _____		WEB-SITE: _____

## MAP ADVERTISING ANNUAL PACKAGES

- #1. Package: LOGO BUBBLE ONLY .....\$450  
Full color, logo locator over location on map  
approx 1" x 1"
- #2 Package: BOX AD + LOGO BUBBLE.....\$550  
Full color ad, logo locator on map  
1.8" x 1.8"
- #3 Package: SMALL AD + LOGO BUBBLE.....\$750  
Full color ad, logo locator on map  
1.75"H x 2.5" W
- #4 Package: MEDIUM AD + LOGO BUBBLE.....\$950  
Full color ad, logo locator on map  
2.5"H x 3.75" W
- #5 Package: LARGE AD + LOGO BUBBLE.....\$1250  
Full color ad, logo locator on map  
4.75"H x 3.75" W
- #6 Package: BACK COVER AD + BUBBLE.....\$2450  
Full color ad, logo locator on map  
7"H x 3.75" W
- #7 Package: FRONT COVER AD + BUBBLE.....\$3500  
Full color ad, logo locator on map  
7"H x 3.75" W

Package Ad Rate .....	\$
+ \$50.00 Art Fee (if applicable).....	\$
Deposit Amount.....	-\$
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	<i>Balance Due = \$</i> _____
<b>2nd Payment Amount .....</b> - \$ _____	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	<i>Due Date</i> _____ <i>Balance Due = \$</i> _____
<b>Final Payment Amount .....</b> - \$ _____	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	<i>Due Date</i> _____ <i>Balance Due = \$</i> _____

Please Make Your Check Payable to: **CITY KEEPER MAPS**

- Ad/Artwork will be supplied by client within 10 days of signing contract or CKM designs Ad & charges Art Fee.
- Renewal - Use Prior Years Ad

email ad to: [art@citykeepermaps.com](mailto:art@citykeepermaps.com)  
AD INSTRUCTIONS:

## MAJOR CREDIT CARDS ACCEPTED.

CARD TYPE _____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																		<table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td> </tr> </table>			/		
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	CREDIT CARD NUMBER	EXPIRATION DATE																						
	CID # _____																							
Name on card: _____	Billing Zip Code: _____																							

ALL PAYMENTS MUST BE MADE PRIOR TO PRINT DATE. WE WILL DO OUR BEST BUT NO PLACEMENT SPOT IS GUARANTEED. WE DO NOT ACCEPT "HEAD" SHOTS IN AD'S. WE RESERVE THE RIGHT TO REFUSE ANY AD WE DEEM TO BE INAPPROPRIATE.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_