



iFamilyKC, LLC * PO Box 23222 * Overland Park, KS 66283
Phone: (913) 744-1400 * Fax (913) 402-7022 * Website: www.iFamilyKC.com

Advertising Agreement

Company _____ Date _____
Phone & Fax _____ Contact _____
Address _____ Email _____
City, State, Zip _____ Website _____

iFamilyKC Advertising Options - Check all that apply:

Print ads are *full color*: 1/8 1/6 1/4 1/3 Half Pg 3/4 Full Pg
Length of Term: 4 Months 6 Months 12 Months Other (seasonal, event or social media pkg)
Rate per Month _____ Month to Begin _____
Featured Homepage Ad (\$350 per mo) eBlast (\$495/blast or \$250/blast for current print advertiser)
OnlineAdPage (\$350 per year) Social Media Pkg \$495/month Date to start: _____
Facebook Live Video Promotion Package \$325 each Date video to take place: _____
 Charge my Credit Card Monthly **OR** I will pay by check (Credit Card info is still required to establish credit)
This term automatically renews, unless cancellation is received in writing before the next print deadline. Monthly ad fees due the 10th of ea month prior to the month the ad will run. 1st month's ad fees due upon ad approval or submittal. Ad fees not received by the 15th of the mo. will be charged to the credit card on file. **\$25 returned check** charge applies. **\$50 ad design fee** applies to all ads created by iFamilyKC. Ads created by iFamilyKC remain the property of iFamilyKC, LLC & cannot be reproduced without written consent from iFamilyKC, LLC. **Deadline date is the 10th of ea. mo. prior to the mo. the ad will run: All changes, additions & deletions must be received in writing by the 10th of ea. mo. \$25 late fee for any payment not received by the 15th. \$200 to cancel any ad agreement.**

Credit Card Information REQUIRED to Establish credit

Your credit card information is necessary to reserve your spot in the designated issue of iFamilyKC. If you choose credit as your method of payment, your card will be charged on the 10th of each month prior to the month your ad will run. **iFamilyKC, LLC is authorized by you to charge the amount due to your credit card on file if we do not receive any other form of payment by the 15th of the month.**

Master Card **Visa** **American Express** **Discover**

Card #: _____ CVV Security Digits: _____

Name as it appears on card _____

Exp Mo/Yr _____ Signature _____

Billing Address for card _____

Please Note: All artwork/ads designed by iFamilyKC are property of iFamilyKC, LLC and cannot be reproduced in any form without written permission directly from iFamilyKC, LLC along with all applicable usage fees. The advertiser agrees that iFamilyKC, LLC's liability hereunder shall not exceed an amount equal to the total consideration actually paid hereunder by advertiser to iFamilyKC, LLC. *In the event that iFamilyKC, LLC places this agreement in the hands of an attorney or collection agency, advertiser agrees to pay an additional sum equal to 33% of the balance then due to compensate iFamilyKC, LLC for costs of collection including, but not limited to, attorney fees and/or collection agency fees. By the signature below, the Signer represents that they have thoroughly read this agreement and are the owner or authorized corporate officer for the above-named business who is authorized both to order the advertising described herein and to obligate the above-named business to pay for such advertising and if the Purchaser fails to fulfill its obligations pursuant to this agreement, then the below named Signer shall be personally liable and personally guarantees payment under the Agreement.*

Signature for acceptance of this ad Agreement: _____

Title: _____ **Date:** _____