



HOME BUILDERS ASSOCIATION OF ST. LOUIS & EASTERN MISSOURI

EST. 1934

10104 OLD OLIVE STREET ROAD ST. LOUIS, MISSOURI 63141-5908

P: 314-994-7700 F: 314-432-7185

WWW.STLHBA.COM

Builder News Advertising Contract

The undersigned advertiser agrees to purchase ad space in Builder News according to the following conditions:

a. This contract covers the purchase of advertising beginning with _____ and ending with _____.

Ads are to run for 1 3 4 6 12x in the following months: (circle)

January February March April May June

July August September October November December

Ad size is _____ (if half page please note vertical or horizontal).

Ad location is **run of press** unless specified _____.

New Renewal Special Promo Black Spot Color 4/Color

Cost is \$ _____ (B&W) + _____ (Spot or 4/C) per issue. Total \$ _____.

Discount(s) _____ % on first/each issue. Cost of first/each issue is \$ _____.

All Ads are non-commissionable.

- b. **Signed contract must be received by the HBA prior to ad copy deadline date (8th of proceeding month) or ad will not be run in that issue.**
- c. Ad will run as submitted; advertiser may change ad copy and size by submitting a new ad prior to the copy deadline (8th of preceding month) for the issue.
- d. Advertising must meet art specifications listed on *Builder News* Rate Sheet. Additional charges will be incurred if ad does not meet specifications.
- e. The publisher reserves the right to reject any advertisement. The publisher's maximum liability for error in reproducing copy shall be the cost of the ad.
- f. In the event the advertiser cancels this contract during the duration of contract, advertiser agrees to pay the difference between the discounted frequency rate and the rate for the actual number of ads run. Advertiser also agrees to pay a severance fee of \$250.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

BILLING OTHER THAN ADVERTISER (AGENCY)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

HBA Representative: _____ IMIS: _____