

St. Louis HBA Website Advertising Contract

www.stlhba.com

HOME BUILDERS ASSOCIATION OF ST. LOUIS & EASTERN MISSOURI

10104 OLD OLIVE STREET ROAD

ST. LOUIS, MISSOURI 63141-1509

314 994 7700

FAX 314 432 7185

The undersigned advertiser agrees to purchase ad space on *www.stlhba.com* (maximum of 10 advertisers - ads run on all webpages) for one (1) year according to the following conditions:

- a. This contract covers the purchase of advertising for one (1) year from the day ad is published live on website.

Start date: _____ . End date: _____ . Cost: **\$500**

(Start/end dates determined by HBA rep.) Ad will run as submitted for one (1) year. You will receive a notification email that your ad is live. Ad and payment should be received within 15 days of signed contract. Ads are not transferrable and cannot be changed once submitted.

All Ads are non-commissionable. Non HBA members subject to 25% upcharge.

- b. Ads will be linked directly to advertiser's website.

Ad will link to www _____.

- c. Ad size is 110 pixels wide x 60 pixels high and must be submitted in a .jpg or .gif format.

- d. **Location of ad:** Ads will scroll across the bottom of each webpage on *www.stlhba.com*. There are only 10 ad spaces available and are on a first-come, first-served basis.

- e. **Signed contract and full payment must be received before the HBA publishes ad live on website.** By submitting this contract you understand and agree to stated terms.

- f. In the event advertiser cancels contract before the contract is up there will be **no refund or partial reimbursement** made on behalf of the HBA. The HBA reserves the right to withdraw your ad from its website for any reason, including but not limited to: legal actions taken against your company, membership lapsing or cancellation, etc.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

BILLING OTHER THAN ADVERTISER (AGENCY)

Agency Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

HBA Representative: _____ IMIS: _____

