

# 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: \_\_\_\_\_

