

# Women in Business

2011

North Alabama Resource Directory  
www.WomenBusinesses.org



256-325-8827 Office  
256-325-8826 Fax  
www.TVAPsolutions.com

3810-H Sullivan St.  
Arlington Place  
Madison, AL 35758

## ADVERTISING AGREEMENT

Today's Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Business Listings

- Business Listing Women Owned - \$50
- Business Listing Women Friendly - \$75
- Additional Business Listing - \$50
- Bold Listing - \$25
- Extra Lines - \$10

### Ad Sizes (Standard Placement - Full Color)

- 1/4 Page - \$275**  
(includes 1 Regular Business Listing)  
Vert w-3.625" x h-4.75"  
Horz w-7.38" x h-2.25"
- 1/2 Page - \$525**  
(includes 1 Bold or 2 Regular Business Listings)  
Vert w- 3.625" x h-9.875"  
Horz w- 7.38" x h-4.75"
- Full Page - \$1,000**  
(includes 2 Bold Business Listings)  
Bleed w- 8.5" x h-11.125"
- Business Card - \$125**  
w- 3.63" x h-2.25"

### Ad Design

- Business Card - \$25
- 1/4 Page - \$35
- 1/2 Page - \$75
- Full Page - \$150

### PREMIUM AD PLACEMENT-(Full Color)

- Inside Front Cover - \$1,300**  
Bleed w- 8.5" x h-11.125"
- Inside Back Cover - \$1,250**  
Bleed w- 8.5" x h-11.125"
- Back Cover - \$1,500**  
Bleed w- 8.625" x h-11.125"
- Page 3 - \$1,150**  
Bleed w- 8.5" x h-11.125"

Advertiser acknowledges full and complete understanding of the terms contained herein. Advertiser further acknowledges upon signing this agreement, that he/she has not relied upon any promises or statements of representation other than as contained herein, and hereby acknowledges receipt of a copy of this agreement. TVAP Solutions reserves the right to modify or rearrange ad/space as availability and appearances dictate, unless otherwise stated herein.

Ad Price: \$ \_\_\_\_\_/issue(s)

Initial Installment: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_  Cash

Credit Card



Check # \_\_\_\_\_ (Returned checks subject to \$25 service fee).  
Make check payable to TVAP Solutions

**RETURNED CHECKS:** Returned checks shall be subjected to a \$25 service fee.

**SPECIAL ARRANGEMENTS/INSTRUCTIONS**

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

**NOTICE TO CLIENT:** Please read this agreement in full before signing. You are entitled to a copy. All outstanding amounts must be paid NLT 15 days upon signed contract. In the event the customer fails to make agreed upon payments, this matter will be referred to our attorney for collection. The undersigned agrees to pay for the collection cost, attorney fees, and any court costs associated with payment.

Authorized Signature X \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

TVAP Solutions: \_\_\_\_\_