Abilene High School Student Yearbook

recording school history for 110 years

2800 North Sixth Street Abilene, TX 79603 325.677.1731,#3257 office ahsflashlight@yahoo.com

Business Advertising Contract [Please fill in information on back of contract]

Business Name:		
Contact Name:		
Address:		
City:	State:	Zip Code:
Telephone:	FAX:	<u> </u>
e-mail Address:BUSINESS ADS		LE VOIL DECICH VOILD OWN AD
mark the size ad you want [All me	easurements are width x height]	IF YOU DESIGN YOUR OWN AD
□ 1/10 \$100 24p4w x 11p10h pi	cas	If you choose to produce your ad on the computer or to use a professional
□ 1/5 \$135 24p4w x 24p6h pica	S	ad designer, you must submit your ad following these guidelines:
□ 3/10 \$175 24p4w x 37p2h pic	as	Ad should be saved on a CD format-
□ 2/5 horizontal \$235 49p6w x	c 24p6h picas	ted for MacIntosh or a PC.
□ 3/5 vertical \$260 49p6w x 3	7p2h picas	 Ad must be saved in .tif or .eps format with all text converted to
☐ FULL \$350 49p6w x 62p6h picas		paths with a 300 ppi resolution. We will also accept .pdf or .jpg files that
□ SUBTRACT COLOR -\$50 if you would prefer to see your ad in black & white,		white, meet the 300 ppi resolution requirement. If you have any questions re-
you may purchase ad at a	a discounted price.	garding submission of ads, contact us.
DEADLINES & IMPORTANT INFORMAT	10N	·
will be a \$50 additional charge for ad ▶ Please turn in all business ad mate can be black & white or color. Glossy i ▶ Payment should accompany contr ment on their ad. After that time, a \$3	s received after that date. rials with contract prior to ad deadling mages reproduce better than texture ract if possible. Advertisers have 30 da	ays from the date of the signed contract to submit payance due each time an invoice is sent out.
Purchaser's Signature		

Flashlight Staff Only Date Received _____

TOTAL COST	PAYMENT METHOD
\$ Amount of Ad	Cash Check #
\$ Extra Charges \$ Late Fees [if any] \$ TOTAL DUE • Please turn in contract, payment and all ad materials together by deadlines on reverse side. Thank you.	Check Amt. \$ o There is a \$25 returned check charge for all checks returned to AHS by your bank. Checks not cleared within 10 business days will be turned over to the Taylor County District Attorney's Office for collection. Credit Card (3.5% processing fee applies) Card Type: (Circle One) Visa MasterCard Discover Amex Name on Card: Card Number: Expiration Date: Security Code: Security Code:
	ONLINE PAYMENT COMUNE SOON SOON

Flashlight Area Only STAFF BUSINESS INFO	
Ad contract received	
Billing Dates/Balance Due	
▶ Data input into FMP	_
▶ Thank you letter sent	
▶ Ad posted to staffer ad sales total	
Ad dummied onto signature planner	
▶ Ad contract & materials filed in notebook	
▶ Ad placed on page & proof read	
► Copy of ad mailed to contact person	
▶ Materials returned to contact person	
Other Info	