



THE PARROT

Media Kit

THE SW FL PARROT INC.
 3280-55 Tamiami Trail Suite 165
 Port Charlotte Florida 33952

Ad Size	1/8	1/4	1/2	FP	FIC	FIP	BIC	BOC
12 x	\$165	\$309	\$498	\$985	\$1615	\$1498	\$1498	\$1675
6 x	\$189	\$350	\$520	\$1035	\$1675	\$1615	\$1615	\$1790
3 x	\$255	\$390	\$635	\$1095	\$1845	\$1675	\$1675	\$1904
Open	\$285	\$408	\$865	\$1326				

Per Month Prices..... Example: 1/8th page ad 3x means 3 months @ 225.00 per month

FP = Full Page

FIC= Front Inside Cover

FIP= Front Inside Page

BIC= Back Inside Cover

BOC= Back Outside Cover

TERMS: THIS AGREEMENT CAN BE CANCELED BY EITHER PARTY BY GIVING A 30 DAY ADVANCED WRITTEN NOTICE AFTER THE FIRST 3 MONTHS RUN. The advertiser agrees to pay publisher the rate agreed upon above. All payments are due at the time of approval. The publisher has the right to cancel any advertisement at any time without notice due to nonpayment. The publisher has the right to reject any advertisements for any reason, and the publisher will require other suitable advertising be provided. The advertiser agrees to indemnify the publisher from all actions resulting in the violation of any laws in regard to submissions for this publication. The advertiser further agrees that the signature is the owner of, or has permission to use, the advertising copy. If not notified in writing thirty days prior to the completion of this contract, the publisher will renew the advertisement at the annual rate on an ongoing basis. If the advertiser wishes to cancel the advertisement during the contract period, the advertiser must notify the publisher in writing thirty days prior to the nearest month of publication Advertiser agrees to all the Terms of this contract.

initial _____

Company Name _____ Contact _____

Address _____

City, State, Zip _____

Phone_(_____) _____ Fax_(_____) _____

Email _____ Website _____

Payment Type

VISA CC #

Master Card Exp. Date

American Express CCV

Discover

Check Check #



Aquiring Authorization To Capture Scheduled Periodic Payments By Electronic Credit/Debit
 Yes, I would like to take advantage of the security and convenience of electronic transfer scheduled or periodic payments. As a duly authorized credit card or check signer on the financial institution account identified herien. I authorize The SW FL PARROT INC to perform scheduled or periodic electronic funds transfer debits from the financial institution account identified herein for payments due or when applicable, apply electronic funds transfer credits to same. I also authorize fees to be collected via ACH. Furthermore, if anysuch electronic debits and subsequeantly collected returned as NSF, I Authorize SW FL Parrot Inc. to collect NSF item(s) by electronic debit(s) debit item fee of \$15.00 per item by electronic debit from financial institution identified herein. For accounting purposes all electronic debits will be reflected in the monthly bank statement with the financial institution identified herein.The parties acknowlege this agreement will be governed by the laws of Florida. Any suit brought forth under this agreement will be done in Charlotte County, Florida. I understand all of the above as evidence by my signature below.

Authorizing Signature _____

Date: ____/____/____