## GOLDCOAST COMMUNITY PUBLISHING, LLC

6586 HYPOLUXO RD, SUITE 288, LAKE WORTH, FL. 33467

ADVERTISING AGREEMENT	DILLING ADDRESS IS DISSEDENT
ADVERTISER	BILLING ADDRESS IF DIFFERENT  Notes
Customer Name	<del></del>
Company Name	
Address	
City, State, Zip	Additional contact information
()	e-mail address
The undersigned agrees to place advertising as spe	ecified: Check box applicable Zones 4 6 7 9
Number of months: (min. 3 months)*	X Number of Zones = Monthly Total \$
First month	Ad Size: FULL ½ ¼ O/S BUS. BUS.
Ad Rate: \$ per month	
Deposit: \$ (All ads must be	
( *This agreement cannot be cancelled during the basis after the initial 3 6 12 month period until	he first 3 months and will automatically renew on a month to month
therein are hereby transferred to Goldcoast Community Publishing. It substitute with similar fonts and/or colors. Goldcoast Communty Publishing to fit the publication specifications at the time of printing. Further must be sent via fax by production deadline.  At the expiration of this agreement, pursuant to the terms as above segive to the other party a 30 day advance written notice (prior to production of the current deadline schedule.  After the first payment advertisers with credit approval will be bille undersigned agrees to remit all payments due for this publication prior production deadline, may result in loss of deposit and/or the advertise. This agreement reflects the full understanding and agreement of the pthis contract. Advertiser agrees to [pay interest of 1.5% on any unpaid any unpaid balance.  The undersigned warrants that he/she is authorized to execute this conselect method of payment Check Visa Magnetic states of the payment of the payment check visa Magnetic method of payment check visa method of payme	parties and no other representations previously made, either written or oral, shall serve to modify d balances over 30 days, plus all legal and/or collection agency fees incurred in the collection of antract for the advertiser indicated above.  **asterCard AMEX**
Acct #	Exp Date Security code ( 3 digits )
Cardmember full name	<del></del>
Billing address	Billing Zip
XAuthorized signature	Date
Authorized signature	
I herebye personally guarantee to be responsible for the	e monthly payments as stated above X
Goldcoast Community Publishing Rep.	Date

PHONE (561) 641-5600 FAX (561) 641-2787