

2012 Advertising Contract & Insertion Order



Advertiser Information

Company Name: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Agency Information

Responsible for receiving invoices? Yes No

Company Name: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Please check the appropriate box indicating the frequency for which you are contracting: 1x 3x 6x 12x

- This contract still allows change of ad size to a larger size from issue to issue. However, all ads must be the same size as or larger than the first ad run on this contract.
- Contracted ads must be run within a 12-month period from date of first insertion. Failure to meet contracted insertions will result in prorated charges back to the earned insertion rate.
- If a contract extends into a new year, there may be a small rate increase. Advertisers will be notified in advance.

Advertising Policy:

- Payment is due within 15 business days of invoice date. Copies of ads provided with invoice.
- First-time advertisers require payment in advance with ad or prior credit approval.
- Cancellation of advertising cannot be accepted after ad reservation closing date for that issue. Premium placement ads (cover locations, spreads, etc.) are non-cancelable.
- ORLA reserves the right to refuse or reject any advertising considered objectionable due to wording or appearance.
- Submission of materials is the responsibility of the advertiser. When materials are not received by the due date the last insertion will be repeated (if not dated in any way).
- Ads and related materials will not be returned unless specifically requested at the time the insertion is placed.

Please indicate below issue(s) in which ad(s) are requested to run and complete the related information.

Ad Size: Spread, full page, 1/2 etc. • **Premium Position:** Back cover, inside front cover, best available, etc. • **Format:** Horizontal, vertical • **Rate:** From Media Guide

January	February	March	April*	May	June
Ad Size: _____	Ad Size: _____	Ad Size: _____	Ad Size: _____	Ad Size: _____	Ad Size: _____
Premium Position: _____	Premium Position: _____	Premium Position: _____	Premium Position: _____	Premium Position: _____	Premium Position: _____
Format: _____	Format: _____	Format: _____	Format: _____	Format: _____	Format: _____
Rate: _____	Rate: _____	Rate: _____	Rate: _____	Rate: _____	Rate: _____
July*	August	September	October	November	December
Ad Size: _____	Ad Size: _____	Ad Size: _____	Ad Size: _____	Ad Size: _____	Ad Size: _____
Premium Position: _____	Premium Position: _____	Premium Position: _____	Premium Position: _____	Premium Position: _____	Premium Position: _____
Format: _____	Format: _____	Format: _____	Format: _____	Format: _____	Format: _____
Rate: _____	Rate: _____	Rate: _____	Rate: _____	Rate: _____	Rate: _____

*Premium Ad Rates apply, see insert for details.

I have read the advertising rates and policies for the *Main Ingredient* and agree to abide by all terms.

Authorized Signature: _____ Print Name: _____
 Title: _____ Date: _____

Return completed contract to: *Main Ingredient*, 8565 SW Salish Lane, Suite 120, Wilsonville, OR 97070 • fax 503.682.4455