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ADVERTISING AGREEMENT

Name of Customer (Business or Individual): _____

Name/Title of authorized agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

The above business or individual is herein referred to as "the client", has contracted THE HORSE GAZETTE to publish an advertisement for _____ months. The _____ sized advertisement will begin with the _____ issue and end with the _____ issue. Payment due for this advertising contract is \$ _____ per issue.

The client, or authorized agent of the client agrees that he/she must proof any advertisement set up by THE HORSE GAZETTE prior to press run. Proof will be faxed or e-mailed for approval. Late arrival of advertising material to THE HORSE GAZETTE forfeits proof. If such business/individual refused or waives his/her right to proof, or fails to return the ad to THE HORSE GAZETTE on or before the designated deadline, THE HORSE GAZETTE will not be held responsible for errors.

Advertising created by THE HORSE GAZETTE is the sole property of THE HORSE GAZETTE and may not be copied or used for any other advertising without consent.

To receive the discounted multiple monthly rate a contract must be in place or the advertising will be charged at the single monthly rate. Display advertising sizes may be increased or reduced within the contract period and will retain the monthly discounted rate.

Terms: New customers must prepay for the first ad, and invoiced monthly thereafter. Once credit has been established, payments are due net 15 days (from the 10th of the month). Overdue accounts may forfeit the multiple run discount and revert to the monthly rate. Late Fees – a charge of 3% per month will apply on all accounts 30 days past due. Accounts 60 days past due will also be pulled from the publication.

The client agrees to conditions outlined on this document and in the Advertising information sheet on the reverse of this contract. (____ Initial here)

Signature - Horse Gazette Representative _____

Signature - Client/Authorized Agent: _____

Printed name of Client/Authorized Agent: _____

PREFERRED PAYMENT: Check _____ Credit Card: _____ American Express _____ Discover _____ MasterCard _____ Visa

Customer Billing Name & Billing address if different from above: _____

Bill my Credit Card ___ /Debit Card _____ Bill this card Monthly _____ or for the full contract amount _____ of \$ _____

Card Number _____ Exp. Date _____ Security Code _____

Name on Card: _____ Signature: _____

A signed duplicate of this form will be returned to the client as verification of order.