City Keeper Maps
24575 Overlake Dr.
Lake Forest, CA 92630

www.CityKeeperMaps.com
Phone: 949.855.1059 / FAX: 949.317.0132
Email: info@citykeepermaps.com

Advertising Order Form

Rep: _____ Cell: _____ Email: _____

Date: _____ Map City: _____ Edition: _____

ADVERTISER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ MOBILE: (___) _____

E-MAIL : _____ WEB-SITE: _____

Advertising Packages

☐ **# 1. BOX AD + Locator Bubble..... $ 550**
- Full color ad, graphics, photos + **web** index **link**
- **Large Box Ad (W: 1.8″ x L: 1.8″)**

☐ **# 2. SMALL AD + Locator Bubble..... $ 750**
- Full color ad, graphics + photo **+ web index link**
- Horizontal (W: 2.5″ x L: 1.75″)

☐ **# 3. MEDIUM AD + Locator Bubble..... $ 950**
- Full color ad, graphics, photos **+ web index link**
- Horizontal (W: 3.75″ x L: 2.5″)

☐ **# 4. LARGE AD + Locator Bubble..... $ 1250**
- Full color ad, graphics photo + **web** index **link**
- **Vertical Only** (W: 4.75″ x L: 3.75″)

☐ **# 5. BACK COVER AD + Locator Bubble..... $ 2450**
- Full color ad, graphics, photos + **web** index link
- Vertical only **(W: 3.75** x **L:7″)**

☐ **# 6. FRONT COVER AD + Locator Bubble..... $ 3500**
- Full color ad, graphics + photo + **web** index link
- Vertical Only **(W: 3.75** x **L:7″)**

Please Make Check Payable to: CITY KEEPER MAPS

Package Ad Rate .....$ _____

+$150.00 Art Fee (if applicable)..... $ _____

Deposit Amount 20%..... - $ _____

☐ Credit Card ☐ Check #

Balance Due = $ _____

2nd Payment Amount ..... - $ _____

☐ Credit Card ☐ Check #

Due Date [ ] *Balance Due* = $ _____

Final Payment Amount .....- $ _____

☐ Credit Card ☐ Check #

Due Date [ ] *Balance Due* = $ _____

☐ **New Ad /Artwork supplied** by client due: May 15th deadline print or we design AD for $150 fee.

☐ **Renewal**-Prior Year Ad (email copy changes)

eMAIL Ad/Photos - Hi res 300 dpi PDF, JPG or TIF to: Art@CityKeeperMaps.com or call: 949-291-6718

MAJOR CREDIT CARDS ACCEPTED.

_____ CARD TYPE

CREDIT CARD NUMBER

CID #

EXPIRATION DATE

Name on card:

CC Billing Zip Code:

All payments must be made prior to print date. We will do our best but no placement spot is guaranteed. We do not accept "head" shots in ad's. We reserve the right to refuse any ad we deem to be inappropriate.

Approved by: _____ Title: _____ Date: _____