



**Newsletter Advertisement Application &
Credit Card Authorization**

FAX: (281) 983-2940

Email: permits@cityofmeadowsplace.org

Contact Name: _____ Phone: _____

Email: _____

Select type of advertisement and time frame below:

Please submit a copy of your advertisement with the application.

CLASSIFIED AD \$0.30 per word.	
Number of Words: _____	Number of Months: _____
BUSINESS CARD (3.5" X 2.25" Landscape)	¼ PAGE AD (3.5" X 5" Portrait)
\$40.00 per month / Non-profit \$25.00	\$50.00 per month / Non-profit \$31.00
\$102.00 for three months (Includes 15% discount)	\$127.50 for three months (Includes 15% discount)
\$204.00 for six months (Includes 15% discount)	\$255.00 for six months (Includes 15% discount)
\$408.00 for one year (Includes 15% discount)	\$510.00 for one year (Includes 15% discount)
½ PAGE AD (7.25" X 5" Landscape)	FULL PAGE (7.25 X 10)
\$95.00 per month / Non-profit \$58.00	\$190.00 per month / Non-profit \$116.00
\$242.25 for three months (Includes 15% discount)	\$484.50 for three months (Includes 15% discount)
\$484.50 for six months (Includes 15% discount)	\$969.00 for six months (Includes 15% discount)
\$969.00 for one year (Includes 15% discount)	\$1938.00 for one year (Includes 15% discount)

I authorize the City of Meadows Place to use my credit card to process the following payment:

Amount: _____ (A fee of 3.50% will added to this transaction)

Type of Credit Card: Visa Master Card Discover American Express

Last 4 Digits on Card: _____ CSV Code: _____ Exp. Date: _____

Name on Card: _____

Credit Card Billing Address: _____

Authorized User: _____

Signature: _____ Date: _____

***** Please Enter Credit Card Number Below *****

***** CUT HERE *****

Credit Card Number: _____

This portion will be destroyed once the credit card is charged and payment is approved.