



# Best of Oceanside Business Directory & Community Guide 2017 Advertising Agreement

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Ad Classification: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**Terms & Conditions of This Agreement**

With an authorized signature below, the Oceanside Chamber of Commerce will treat this as a binding contract. The liability of the Oceanside Chamber of Commerce in the event of any printing errors or omissions (including total omission) is limited to the amount paid for the items that are omitted or in which the errors occur for the issue life of the Directory. Please keep the bottom of this form for your records. Return the white original to the Oceanside Chamber of Commerce. An authorized signature indicates acceptance of these terms and conditions. The Oceanside Chamber of Commerce reserves the right to refuse advertising and refund all payments for advertising refused.

Ad Size _____	\$ _____	TOTAL \$ _____
Additional Costs or Discounts	\$ _____	Paid AMT. \$ _____
_____	\$ _____	Balance Due \$ _____
_____	\$ _____	
_____	\$ _____	

**Make Checks Payable to: Oceanside Chamber of Commerce**  
 If Paying by Credit Card:  
 Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Security Code \_\_\_\_\_

- Method of Payment**
- American Express
  - MasterCard
  - Visa
  - Check
  - Cash
  - Bill Me

Advertisers Printed Name: \_\_\_\_\_  
 Advertisers Signature: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

**Please Return Completed Form To:**  
 Oceanside Chamber of Commerce, ATTN: Scott Ashton 928 North Coast Highway, Oceanside, CA 92054  
 EMAIL: [scott@oceansidechamber.com](mailto:scott@oceansidechamber.com) or FAX: 760-722-8336