PERFORMANCE AFTERMARKET PUBLICATIONS INC.
1575 S. Valley Vista Dr., Diamond Bar, Calif. 91765
909/860-2961 • Fax 909/396-4981
E-mail: adsales@semanews.com

MOTOR MEDIA INC.
SPACE ORDER CONTRACT

☐ **New** ☐ **Revised**

Invoice billed to: ☐ **Advertiser*** ☐ **Agency***

***International advertiser must pay by credit card. Credit card authorization attached.**

PUBLICATION: SEMA News **DATE:**

Advertiser	**Agency**
Contact	Contact
Address	Address
City State	City State
Zip Country	Zip Country
Phone (Contact)*	Phone
Fax	Fax
E-mail*	E-mail
Website for SEMA.org*	Website
Phone (Ad Index)	

**Required.*

☐ New advertiser address ☐ New agency address

Advertising materials contact:
Name: _____
Phone: _____ Fax: _____

Issue	Size/Shape/Color	Video	Rate (Gross)	Net Rate	Pick-up or New

Frequency: ☐ 1x ☐ 3x ☐ 6x ☐ 9x ☐ 12x ☐ **SEMA Member** ☐ **Nonmember**

If new advertising material is not received prior to ad material closing date, the publisher reserves the right to pick up the most recent (same size and color) advertisement placed in *SEMA News*. The above schedule of advertising space is in accordance with the terms and provisions of *SEMA News* rate card with which I/we are familiar and which automatically shall become a part of this agreement. I understand that you will bill me for any production costs incurred in addition to the space charge listed on your current rate card.

☐ **Pre-payment amount $** _____
All new advertisers must prepay their first ad in advance of the materials due date.

☐ **Credit application attached.**

☐ **Credit card authorization attached.**

☐ **Special position request.**** _____
**Publisher is not responsible for position request fulfillment other than a premium position.

Publisher reserves the right to increase the rate for past issues if the number of contracted ads are decreased.
Terms: Net 10 days from date of invoice issued on 25th of month.

Additional Instructions: _____

FAX SIGNED CONTRACT BACK TO 909/396-4981.

_____
Must be signed by advertiser or agency

_____
Please print name

_____
Date

Any revision or adjustment must be sent on this form and be noted as REVISION 1 or 2, etc. Each separate form will be retained in permanent advertiser files, so please remember to use one sheet per revision.