

# Health-Nexus

## Advertising Purchase Form

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone # \_\_\_\_\_

*\*Optional*

Contact Email \_\_\_\_\_

Banner Type: (Check all that apply)

- |  |               |          |
|--|---------------|----------|
| <input type="checkbox"/> Top Border 468x60 - \$1/1000 Impressions        | Dollar Amount | \$ _____ |
| <input type="checkbox"/> Top Border 120x120 - \$.50/1000 Impressions     | Dollar Amount | \$ _____ |
| <input type="checkbox"/> Bottom Border 468x60 - \$.50/1000 Impressions   | Dollar Amount | \$ _____ |
| <input type="checkbox"/> Banner Creation/Design (any size) - \$50/banner |               |          |

Banner Quantity: 468x60 \_\_\_\_\_ 120x120 \_\_\_\_\_

Total \$ \_\_\_\_\_

Payment Type:

- Check       Money Order

All payments must be made payable to: **TCS**

Mailing address: **TCS**  
**Health-Nexus**  
**5429 Cinphany Ct.**  
**High Ridge, MO 63049**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Ad duration is based solely on dollar amount purchased. Ad will expire when dollar amount purchased has been met. Additional impressions can be purchased at anytime with a reduced minimum purchase of \$200.