

Showcase Placement Order Form

INTERNAL USE ONLY	
Acct Rep	_____
Cust ID#	_____
Date	_____

- Product Showcase placement contract are monthly*¹ or one-time only.
- Payment via credit card is required.
- Advertising posting schedule is the 1st and 15th of every month.
- Electronic newsletters are sent out on the 15th of every month, or next business day if the 15th falls on a weekend.
- **All rates listed below are for one product location** per month on one website.**

* Extended monthly contracts must be consecutive and require four (4) products for rotation.
 ** Up to four (4) products allowed per location to rotate on weekly basis.

Advertising Rates

	Home Page	Tab Page	Newsletter	Home Page & Newsletter	Tab Page & Newsletter	RI – RaceIndustry SP – StreetPerformance DD – DirtDirectory
Monthly* ¹	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$695.00	<input type="checkbox"/> RI <input type="checkbox"/> SP <input type="checkbox"/> DD
One-Time	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$695.00	<input type="checkbox"/> RI <input type="checkbox"/> SP <input type="checkbox"/> DD

Indicate which Tab Page(s):

¹Extended Contracts - Indicate Months

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

TOTAL \$

Contact Information

Name _____ Phone _____
 Company _____ Fax _____
 Address _____
 City _____ State _____ Zip _____
 eMail _____ Website _____

Credit Card Information

AMEX MasterCard Visa Credit Card # _____ *CW# _____

*CW # for Visa/MasterCard is the last 3 digits of the credit card number printed in the signature field on the BACK of the credit card.
 *CW # for AMEX is the 4 digit number printed above and to the right of the credit card number on the front of the card.

Cardholder Name _____ Exp Date _____ / _____

Cardholder Address (if same as contact, write "same") _____

City _____ State _____ Zip _____

Order Acknowledgement

Terms and Conditions

1. THIS FORM CONFIRMS YOUR ORDER AND SERVES AS A SHOWCASE PLACEMENT ADVERTISING RESERVATION AGREEMENT.
2. TERMS OF PAYMENT: Internet-ready materials must be supplied and payment made in full by materials deadline. 15% to recognized agencies. Order Forms can be sent via fax, email or regular mail. Advertiser authorizes invoicing or any charges to credit card(s) following these terms. Advertiser is liable for all attorney fees incurred in the collection of overdue balances. The sole venue for any litigation arising from this agreement will be Los Angeles County, CA.
3. LIABILITY: Digital Performance shall not be held liable for failure to produce any version of the website due to strikes, work stoppages, accidents, acts of God, or any circumstances outside the control of the producer. Digital Performance reserves the right to refuse any Web advertising ad request. Digital Performance reserves the right to cancel, at its sole discretion, any Web advertisement, at any time, without prior notice and without penalty (other than pro rata refund). Digital Performance is not responsible for the accuracy or validity of claims or statements made by advertisers. All oral instructions regarding agreements/contracts must be confirmed in writing. Digital Performance shall not accept nor be responsible for any verbal instructions. This requirement shall never be waived.

To signify your approval of the terms and conditions above, please sign this agreement and fax it to Digital Performance at 562.988.8446 and/or mail to Digital Performance, 2700 Cherry Avenue, Long Beach, California 90755.
 Payment is due upon receipt for this order.

Signature _____ Title _____
 Print Name _____ Date _____