

# CITY MAGNET, INC.

P.O. Box 529 • 35 Valley Rd. • Sunrise Beach, MO 65079

Phone: (573)374-6200 • Fax: (573)374-4700

Email: info@citymagnet.us • FEIN#: 43-1630881

(Office Use Only)

Contract # \_\_\_\_\_

RECEIVED \_\_\_\_\_

CHECK # \_\_\_\_\_

AMOUNT \_\_\_\_\_

NAME OF BUSINESS

Galton City Health Dept

DATE

6-10-26

PHYSICAL ADDRESS

113 Harley Way East

MAILING ADDRESS

CITY

Galton

STATE

ZIP

44933

PHONE NUMBER

419-468-1075

EMAIL \_\_\_\_\_

CITY MAGNET, INC. hereby agrees to directly mail 2003 (quantity) magnets within the zip codes of: Galton

Mailing Criteria

15K  20K  25K  30K  35K  40K  45K  50K  55K  60K  65K  70K  75K  80K

HOMEOWNER  NEW RESIDENT  SINGLE FAMILY

Magnets will be mailed within **60 DAYS** upon completion of town.

This contract is good for 7 MONTHS.

SALESPERSON NAME

A. M. Taylor

Submit your artwork at [www.citymagnetinc.com/art](http://www.citymagnetinc.com/art)

Galton City Health Department

Dark Blue B  
White Line

12 Magnets  
Proof ahead  
ASAP  
approval

Special Instructions:

Standard  Premiere  Master  Banner  Other

Customer's Signature Ad Copy Is Approved:



City Magnet, Inc. reserves the right to abbreviate. (Colors may vary slightly.)  
Customer is responsible for all copyright clearances on provided ad copy.

PAYMENT IN FULL

INVOICE PAYMENT

CC/DEBIT PAYMENT

Amount of Contract \$ \_\_\_\_\_

Amount of Contract \$ 773

Amount of Contract \$ \_\_\_\_\_

Less % Disc. \$ \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Amt Paid In Full \$ \_\_\_\_\_

Invoice Amount \$ 773

Payment Amount \$ \_\_\_\_\_

Date to Charge Balance \_\_\_\_\_

CHECK # \_\_\_\_\_

CC # \_\_\_\_\_

CVV # \_\_\_\_\_

EXP DATE 1

**ALL CHECKS MUST BE MADE PAYABLE TO: CITY MAGNET, INC.**

This order is subject to acceptance and consumption by City Magnet, Inc. at its home office. Upon such acceptance, without further notice to customer, this order becomes a valid contract governed by the laws of Missouri. Due to the nature of custom imprinted advertising, this order is not subject to cancellation or reduction by the customer. It is further understood that no salesperson shall have the right to waive, alter, or enlarge this agreement on the behalf of City Magnet, Inc. Any such modification by a salesperson shall be null and void as to the alteration therein, unless such modification is in writing and approved by an officer of City Magnet, Inc. This contract is performable at Sunrise Beach, Missouri.

This contract is good for advertisement only. In witness whereof, advertiser executes this contract on the date set forth above.

Signature Andrea Cinade  
(Authorized Signature)

Name and Title Andrea Cinade Health Commissioner  
(Please Print)