



Municipal District of St. Stephen's Electronic Sign Usage Request

Renter Information:

Rates include HST

Type: <input type="checkbox"/> Commercial Rate \$200/slot <input type="checkbox"/> Non-Local Non-Profits \$120/slot <input type="checkbox"/> Local Non-Profits and Local Registered Charities – complimentary (1 per quarter) <input type="checkbox"/> Local Non-Profits and Local Registered Charities – \$50/slot (after complimentary slot redeemed) <input type="checkbox"/> St. Stephen BIA or St. Stephen & Area Chamber of Commerce member (proof required) – 30% off commercial rate <input type="checkbox"/> Signage in conjunction with a paid event on Municipal property – 50% off commercial rate		
Name/Organization: _____		
Mailing Address: _____		
Contact Name: _____	Phone: _____	Email: _____

Information:

Submission Date (min 14 day's notice required): _____	
Start Date: _____	Finish Date (<i>maximum 14 days</i>): _____
Message: _____ _____ _____	If you wish to have a logo/image as part of your advertisement, it must be submitted in high definition JPG or PNG to info@chocolatetown.ca within 24 hours of submitting this form. Will you be submitting an image? Yes _____ No _____

I have read the Electronic Sign Policy and hereby agree to its terms and conditions: (initial):

I, the undersigned cardholder, authorize the merchant "Municipal District of St. Stephen" to charge my credit card for purchases related to my request application. I agree that my information may be saved by the merchant for future payments and understand that this can be revoked at any time with request. I understand that my card will be charged 7 days prior to the message start date and if a cancellation is not placed, in writing, prior to 8 days before the start date I will be charged the full fee when the cancellation period has expired.

Card Type: <input type="checkbox"/> Visa Credit <input type="checkbox"/> Mastercard Credit <input type="checkbox"/> Other: _____		
Card Holder Full Name: _____		
Credit Card Number: _____		
Expiration Date: _____	Postal Code: _____	CVV/CVC: _____

Card Holder's Signature: _____ Date: _____

Primary Contact's Signature: _____ Date: _____

TO BE COMPLETED BY STAFF:

Payment date & method of payment: _____ Cost: _____