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CLIENT INFORMATION SHEET

Date: _____ New _____ Existing _____

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Contract _____	Best Deal _____	One Run Ad _____	Page Size _____	Rate _____

1. Advertiser Name: _____

Company Name: _____

Office Address: _____

Cell Phone: _____

Office Phone: _____

Toll Free # : _____

Office Fax : _____

E-Mail: _____

Web Address: _____

2. Ad Copy Contact: _____ Title: _____

Phone: _____

Fax: _____

E-Mail: _____

3. Ad Payment Contact: _____ Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Billing Address (if different from above): _____

Which address do you prefer invoice/receipt be mailed? Physical _____ Billing _____

4. Please provide credit card to secure your account: AmEx Discov MC Visa

Name as it appears on card: _____

Number: _____ Exp Date: _____

Card Verification Code: _____ (last 3 digits found on back of credit card (4 on front for AmEx))

THIS INFORMATION IS REQUIRED FOR ALL SINGLE ISSUE AND NEW ADVERTISERS

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