

Contact Name (if different) Phone #:

Accepted by (CSR): _____ Date: _____ Time: ____

Ch. 25 The Classified Channel

Account # ____

ServiceOrder#___

	CHICHITON			
Enter ad as the custon	ner would like it to rea	ad on Ch. 25	☐ New Ad	Edit to Ad
enter da do the edoton	Tel would like to tee	ad off cit. 25		
			Total Account to be	hills des Gosternan
tart Date:	End Date	MM-DD-YY	Total Amount to be	billed to Customer:
ricin <i>a</i> .				
ricing: Personal Post Time Pusings	\$10.00/wk	Scan/Clip art/Animations Personal & Business Edits	\$5.00 each	
Part-Time Business Full-Time Business/Political	\$30.00/wk \$45.00/wk	Personal & Business Edits	\$5.00 each	
ayment Method:				
Cash Check				
Credit Card (Visa or Mas	stercard)			
Name on Card		Credit Card #		
Expiration	1	V-Code Author		
☐Vision Account			Indicates the payment has been ra	an & processed
Existing Account #				
		*To be filled out once the busine	ess account has been set-up in billing.	
Customer Name:		Tax I	ID#	
Phone #	Fax #	Authorized Users:		
Errors on ads made		edit fees. Errors made by Vision Empracy of Ad before signing below.		harge.
	ricase verily accul	acy of Au Defore signing below.		
ıstomer Signature			Processed t	o Vision Acco