



# Ch. 25

The Classified Channel

Enter ad as the customer would like it to read on Ch. 25

New Ad  Edit to Ad

Start Date: \_\_\_\_\_  
MM-DD-YY

End Date: \_\_\_\_\_  
MM-DD-YY

Total Amount to be billed to Customer:  
\_\_\_\_\_

### Pricing:

Personal	\$10.00/wk	Scan/Clip art/Animations	\$5.00 each
Part-Time Business	\$30.00/wk	Personal & Business Edits	\$5.00 each
Full-Time Business/Political	\$45.00/wk		

### Payment Method:

Cash  Check

Credit Card (Visa or Mastercard)

Name on Card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration \_\_\_\_\_ V-Code \_\_\_\_\_ Authorization # \_\_\_\_\_

Indicates the payment has been ran & processed

Vision Account

Existing Account # \_\_\_\_\_

New Advertising Account # \_\_\_\_\_ \*To be filled out once the business account has been set-up in billing.

Customer Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Authorized Users: \_\_\_\_\_

Errors on ads made by customers are charged edit fees. Errors made by Vision Employees will be corrected at no charge.  
Please verify accuracy of Ad before signing below. Thank you

Customer Signature \_\_\_\_\_

Contact Name (if different) \_\_\_\_\_ Phone #: \_\_\_\_\_

Accepted by (CSR): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Processed to Vision Account:
Account # _____
ServiceOrder# _____
CSR _____