



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 _____