

CLASSIFIED ADVERTISING CONTRACT

Advertiser/Company Name: _____
 Contact Person: _____
 Billing Address: _____ Phone #: _____
 City, State, Zip _____ Fax #: _____
 Web Site (required for web ads): _____ Email Address: _____
 Signature Required: _____ Date: _____

Classified Advertising

Deadline for Bar Briefs Ads:

25th of the Month.

Example: April 25th for June Issue.

Select Section of Classified you would like your ad in:

- Office Space
- Positions Available
- Referrals
- Services
- Announcements

Type or Print copy for ad below:

- Separate sheet attached

Number of Months: _____
 Starting Month/Year: _____
 Ending Month/Year: _____
 List All Months: _____

Payment Options:

- Mastercard/VISA (Paid in Full)
 Paid Through _____

Credit Card Number

Expiration Date ____/____

Name on Card _____

Billing Address (if different)

- Check (Paid in Full)
 Paid Through _____
- Bill Monthly

FOR OFFICE USE ONLY.

Classified Ad	\$	_____
Additional Words	\$	_____
COST PER MONTH	\$	_____