

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	\$	_____