OFFICE USE ONLY ___Acknowledge ___I/O ___Art/Copy ___Invoice ___Payment ___Receipt

____RUN WEEK(S)



Classified Insertion Order

RUN DATE(S):

COMPANY NAME:

CONTACT NAME & EMAIL:

PHONE:

STATEWIDE CLASSIFIED RATE:

Word	Statewide
Count	Price (\$)
25	\$325

AD COPY: <insert here>

TOTAL: \$_____

____Pay by credit card (due at insertion deadline)

SIGNATURE

DATE

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TO PAY BY CREDIT CARD, PLEASE CALL JANAY COLLINS AT 360-344-2938.