

ACCOUNT CONTROL

ACCT. NO.: _____
 CA CK CC
 CHECK NO.: _____
 PAGE: _____



605 William Street
 Fredericksburg, VA 22401
 (540) 368-5055
 Fax: (540) 368-5015

R _____
 U _____
 N _____

APPLICATION FOR ADVERTISING

APPLICANT: _____
 ADDRESS: _____
 WEBSITE: _____ EMAIL: _____
 PHONE NO. FOR LISTINGS: _____
 MAIL TO: _____ CONTACT PHONE NO.: _____

DIR. CODE	HOME DIRECTORY	ISSUE	QTY.	CONTACT
103596	STAR DIRECTORY			

ITEM	CLASSIFICATION	ADVERTISING RATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

THE APPLICANT PROMISES TO PAY TO THE ORDER OF STAR DIRECTORY

The total sum of \$ _____ less a deposit of \$ _____ included with this application leaves a remaining balance of \$ _____ to be paid in _____ installments of \$ _____ each beginning on _____ and ending on _____

SUB TOTAL	
PROMO DISCOUNT	
OTHER	
DISCOUNT TOTAL	

The applicant, acting through the undersigned, who represents that he is duly authorized by the applicant, agrees to the payments stated above. The undersigned has read this application including the terms and conditions on the reverse side, and by his signature acknowledges that he has received a copy of this application and agrees to the terms and conditions as stated. The applicant understands and agrees that this contract is subject to acceptance by the home office of the publisher. All payments to the publisher hereunder shall be made at its corporate offices. A \$25 fee will be charged on returned checks.
 THIS AGREEMENT CANNOT BE CANCELED EXCEPT AS STATED HEREIN.

APPLICANT SIGNATURE: _____ DATE: _____
 APPLICANT PRINTED NAME: _____ TITLE: _____
 APPLICANT TAX ID/SS#: _____
 PUBLISHER'S REP: _____ REP #: _____

TOTAL	
DEPOSIT	
BALANCE DUE	
TOTAL SAVINGS	