

VOICE

Legal Advertisement Form

Invoice #
File #

APPLICANT INFORMATION

Please PRINT CLEARLY in blue or black ink. Print name of person or company payment is for.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
COMPANY NAME:		TELEPHONE:
STREET ADDRESS:		CITY, STATE, ZIP:
APT/UNIT/PO BOX		
FAX:	EMAIL ADDRESS:	

FOR OFFICE USE ONLY

<input type="checkbox"/> ABC Publication \$45 for 1 time run	<input type="checkbox"/> FBN & FBN Withdrawls \$35 for 1st Fictitious Name	<input type="checkbox"/> Trustee Sales \$400 Flat Rate
<input type="checkbox"/> ABC Publication \$60 for 3 time run	<input type="checkbox"/> Additional Names \$5 for Each Add'l Registrant	<input type="checkbox"/> Public Notices \$24.50 per column inch
<input type="checkbox"/> Divorce Summons \$80 for 4 week run	<input type="checkbox"/> Name Change (w/Court Summons) \$80 for 4 week run	<input type="checkbox"/> Probates (w/Court Order) \$180 for 3 week run

Today's Date:	Date Filled:	Run Dates:	
		WK1 WK2 WK3 WK4	

CREDIT CARD PAYMENT

LAST NAME (on Credit Card):	FIRST NAME:	MIDDLE NAME:
STREET ADDRESS:		CITY, STATE, ZIP:
<input type="checkbox"/> Please charge \$_____ to the following credit card. (Credit card payments are processed upon receipt)		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card _____ Exp. Date: _____ CVS#: _____		
<input type="checkbox"/> AMEX _____ Exp. Date: _____ CVS#: _____		
Cardholder's Signature	Date:	Taken by: Presented by:

Date:	Received by: Date:	Processed by: Date:
-------	-----------------------	------------------------