

ASE Classified Order Form

Contact Name _____ Phone # _____

Start Date _____ End Date _____ Single Run Date _____

Special Instructions: _____

CLASSIFIED COST:	
1-20 Words	\$4.00
Additional words _____ (x)	.25 = \$ _____
Total per run \$ _____	
# of runs _____ (x)	= \$ _____
Total Cost \$ _____	

WORDING:

SPECIAL REQUESTS:

BILLING INFORMATION:		
Name	_____	
Address	_____	
City	St.	Zip
_____	_____	_____

PAID: _____ BILL: _____