

Law Office		<b>DOMAIN NAMES</b>	
Attention		1	
Today's Date		2	
<b>Employer / Company Information ( * required)</b>		3	

<b>Contact *</b>		START DATE:	
Address		END DATE:	
City, State, Zip		<b>COMPANY NAME ON WEB SITE</b>	
<b>Phone *</b>		Fax	
<b>Email *</b>		<b>COMPANY LOGO (Optional)</b>	

<b>References</b>		PROVIDE AN IMAGE OF THE COMPANY LOGO IN JPEG, GIF OR BMP FORMATS BY EMAILING IT TO INFORMATION@ADNET-NYC.COM	
Beneficiary First Name		Beneficiary Last Name	

**BILL**    **ATTORNEY**    **EMPLOYER**    **PRE-PAYMENT** (Attorney or Employer Only. We do not accept payment from beneficiary)

<b>BILL TO</b> (ADNET WILL NOT ACCEPT ORDERS WITHOUT COMPLETE BILLING INFORMATION)				<b>CREDIT CARD</b>	
Attention		Company/ Employer		Card Holders Name	
Address				Card Number	
City, State, Zip		Phone		Expiration Date	Security Code
Fax		Email		Cardholders Signature	

IF BILL EMPLOYER OPTION IS CHOSEN, PLEASE INFORM THE EMPLOYER THAT YOUR OFFICE HAS INSTRUCTED ADNET TO PLACE THIS AD ON THEIR BEHALF & THAT THEY WILL BE RESPONSIBLE FOR FULL PAYMENT OF OUR INVOICE

**ATTORNEY OR EMPLOYER SIGNATURE REQUIRED AS ACKNOWLEDGEMENT OF ABOVE** ▶

Attorney's Signature & Date

**COMPANY PROFILE / ABOUT US TEXT** (Please provide a brief description about the company (minimum one paragraph but no more than 250 words)  
Job description not required if other ads have already been placed by AdNet)

**CONTACT INFORMATION** (PROVIDE CONTACT INFORMATION FOR READER TO RESPOND TO)

**CHECK LIST** (FOR YOUR CONVENIENCE WE HAVE PROVIDED THIS CHECKLIST)

<input type="checkbox"/> Domain Name	<input type="checkbox"/> Company Name	<input type="checkbox"/> Logo (Optional)	<input type="checkbox"/> About Us Text	<input type="checkbox"/> Contact Info Text	<input type="checkbox"/> Job(s) Text	<input type="checkbox"/> Attorney/Client Authorization
--------------------------------------	---------------------------------------	--	--	--	--------------------------------------	--