

LAW OFFICE				BILL ▶	<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> EMPLOYER	<input type="checkbox"/> PRE-PAYMENT
LAW OFFICE				ATTENTION			
ATTENTION				COMPANY / EMPLOYER			
DATE		REFERENCE		ADDRESS			
EMPLOYER				CITY, ST & ZIP			
CONTACT				PHONE		FAX	
ADDRESS				EMAIL			
CITY, ST & ZIP				CREDIT CARD			
PHONE		FAX		CARD HOLDER'S NAME			
EMAIL				CARD NUMBER			
BENEFICIARY'S NAME				EXPIRY DATE		SECURITY CODE	
DOMAIN NAMES				CARD HOLDER'S SIGNATURE			
1				COMPANY LOGO (OPTIONAL)			
2				EMAIL LOGO IMAGE IN JPEG / PNG FORMAT TO INFORMATION@ADNET-NYC.COM			
3				COMPANY NAME ON WEB SITE			
START DATE		END DATE					
<p>IF THE '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</p> <p style="text-align: center;">ATTORNEY / EMPLOYER SIGNATURE IS REQUIRED ▶</p>							
<p>COMPANY PROFILE / ABOUT US TEXT PLEASE PROVIDE A BRIEF DESCRIPTION ABOUT THE COMPANY. MINIMUM ONE PARAGRAPH BUT NO MORE THAN 250 WORDS JOB DESCRIPTION IS NOT REQUIRED IF OTHER ADS FOR THIS BENEFICIARY HAVE ALREADY BEEN PLACED BY ADNE</p>							
<p>CONTACT INFORMATION (PROVIDE CONTACT INFORMATION FOR READER TO RESPOND TO)</p>							
<p>CHECK LIST</p>							
<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"/> CREDIT CARD AUTHORIZATION	