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| --- | --- | --- | --- | --- | --- | --- |
| Law Office |  | | | **DOMAIN NAMES** | | |
| Attention |  | | | **1** |  | |
| Today’s Date |  | | | **2** |  | |
| **Employer / Company Information ( \* required)** | | | | **3** |  | |
| **Contact \*** |  | | | START DATE: | |  |
| **Address\*\*** |  | | | END DATE: | |  |
| **City, ST Zip\*\*** |  | | | **COMPANY NAME ON WEB SITE** | | |
| **Phone \*** |  | **Fax\*** |  |  | | |
| **Email \*** |  | | | **COMPANY LOGO (Optional)** | | |
| **References** | | | | 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 |  |

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| **BILL**  **ATTORNEY**  **EMPLOYER**  **PRE-PAYMENT** (Attorney or Employer Only. We do not accept payment from beneficiary) | | | | | | | |
| **BILL TO** (Adnet Will Not Accept ORDERS Without Complete Billing Information) | | | | **Credit Card** | | | |
| Attention |  | Company/Employer |  | Card Holders  Name |  | | |
| Address |  | | | Card Number |  | | |
| City, State, Zip |  | Phone |  | Expiration Date |  | Security Code |  |
| Fax |  | Email |  | Cardholders Signature |  | | |

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| 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 |

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| **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) |
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| **CHECK LIST** (FOR YOUR CONVENIENCE WE HAVE PROVIDED THIS CHECKLIST) | | | | | | |
| Domain Name | Company Name | Logo (Optional) | About Us Text | Contact Info Text | Job(s) Text | Attorney/Client Authorization |

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