

VSN Advertising Order Form  
(Only required when paying with a credit card)

Name of Business: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

One time ad in the \_\_\_\_\_ issue.

Size: \_\_\_\_\_ Price: \$ \_\_\_\_\_

OR

Same ad size, every issue beginning with the \_\_\_\_\_ issue, and ending with the \_\_\_\_\_ issue.

Size: \_\_\_\_\_ Price: \$ \_\_\_\_\_

OR

Online Ad beginning with the \_\_\_\_\_ issue's run month, and ending with the \_\_\_\_\_ issue's run month.

Price: \$40 for first month + \$10 for each *consecutive* month using same ad copy.

*I authorize VSN to charge my credit card for the above price on the payment due date for each issue indicated. (I understand that if I want to cancel automatic monthly payments, I must inform VSN in writing. I understand that I will need to update my authorization by filling out a new advertising order form if VSN ad pricing changes for the ad size indicated during the period I have indicated.)*

Today's Date: \_\_\_\_\_

Visa  MC  Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3-digit # on card back by signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Important:** Ad placement begins on the payment due date. If you need to cancel your ad for any reason, you must do it BEFORE the payment due date! No refunds can be made after that date. By signing this form, you are agreeing to this policy.

*Note: You must let me know that you want to use a coupon on a particular ad BEFORE the payment due date to have that amount deducted from that month's charge.*

Mail or fax completed order form to:

Vamp Stamp News

PO Box 386

Hanover MD 21076-0386

410-760-1495 (fax)

For your security, Please do NOT email me your credit card information or leave it via phone voice message. I will only accept it via this signed form sent via mail or fax.