

Advisors Marketing.us Agreement



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6306 Benjamin Road, Suite 606 • Tampa, Florida 33634

P.O. No. _____

Client Name: _____ Date: _____

Company Name: _____

Company Address: _____

City _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____ e-mail address _____

Reply card included Y N

of invitations per seminar _____ # of Drops _____ Tickets to be included Y N

Total mail pieces ordered _____ Price per Piece \$ _____

List to be used _____ Back Office Support \$ _____

Standard List (Age 55+, Household Income \$35k+)

Zip Codes radius from _____ (restaurant, office)

or list separately

_____	_____	_____	_____
_____	_____	_____	_____

Other list _____ \$ _____

Total Price per invitation \$ _____

Total Number of invitations

sales tax \$ _____

Total Mailing Cost \$ _____

Method of Payment (Circle One) Check American Express Visa MasterCard

Credit Card Number _____ Expiration Date _____

Name as it appears on credit card _____

Seminar Subject _____

Cover to be used _____

Dates for Seminars _____

Phone Number for reservation _____

Name of Assistant _____

Will this person make the reservations _____

Signature of Buyer (Broker/Dealer) _____ Date _____

Signature of Selling Agent _____ Date _____

Payment due with order.

This commitment is to serve as Client's written authorization for agency (Advisors Marketing) to perform services and/or contract with suppliers for above described items on client's behalf. Client's signature also indicates an understanding of estimates, prices, terms and non-cancellability of said terms and services. CLIENT'S SIGNATURE ALSO AUTHORIZES ADVISORS MARKETING, AT ITS DISCRETION, TO EITHER PRINT MATERIAL WITHOUT FINAL ART APPROVAL OR MOVE SEMINAR DATES IF REPRESENTATIVE OF CLIENT HAS NOT CONTACTED ADVISORS MARKETING, INC. WITH FINAL CHANGES BY PRINTING DEADLINE.