

# Classified Order

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Single Run Date \_\_\_\_\_

Special Instructions: \_\_\_\_\_

<b>CLASSIFIED COST:</b>	
1-20 Words	\$5.50
Additional words _____ (x)	.25 = \$ _____
Total per run \$ _____	
# of runs _____ (x)	= \$ _____
Total Cost \$ _____	

**WORDING:**

**SPECIAL REQUESTS:**

<b>BILLING INFORMATION:</b>		
Name	_____	
Address	_____	
City	St.	Zip
_____	_____	_____

**PAID:** \_\_\_\_\_ **BILL:** \_\_\_\_\_