

Send to a GENERAL List

Includes ALL business types, sent by Area Code or State.

# Faxes Sent	Cents Per Fax ¢	Total Cost
1000	6	\$60
2000	5.5	\$110
5000	4	\$200
10,000	3	\$300
20,000	2.75	\$550
30,000	2.25	\$675
50,000	2	\$1000

Send to TARGETED List

Includes businesses grouped by business type (SIC Codes), sent by area code, zip code, state, or nationwide.

# Faxes Sent	Cents Per Fax ¢	Total Cost
1000	7	\$70
2000	6	\$120
5000	4	\$200
10,000	3.5	\$350
20,000	3	\$600
30,000	2.5	\$750
50,000	2.3	\$1150

Use YOUR List

# Faxes Sent	Cents Per Fax ¢	Total Cost
1000	4.5	\$45
2000	4	\$80
5000	3	\$150
10,000	2.5	\$250
20,000	2.25	\$450
30,000	2.0	\$600
50,000	1.8	\$900

INSTRUCTIONS

Price: To indicate what you are ordering, please **CIRCLE** the "Total Cost" on the price chart to the left, and write that in the "Purchase Price" space provided below.

Custom Price Quotes: For purchase amounts different than those posted to the left, simply write in the "Price Quoted" to you. Example: "8500 for \$255"

Online Payments: We can email you an invoice through PAYPAL.COM if you wish to pay online, instead of this form. Just provide us with your email.

Your Ad. Each ad should use the entire 8.5 x 11 sheet of space. Once your fax flyer is finished, you need to **email it to us as an attachment**. We send electronic files, not paper. Email to: admaxmarketing@aol.com

Formats that work are: .doc (Word), .pdf (Photoshop/Acrobat), .pub (Publisher), .jpg (image format), .gif (image format), .tif (image format). No Macintosh files.

Fax Test Proof. If you desire, we can send you a "test fax" through our system. Once you receive the fax, write "OK" on it, and sign your name on it, and fax it back to us at (603-994-1746). Otherwise, we'll send "as is".

Purchase Price (From Chart above - OR - Custom Price Quoted:) _____

Add **\$35** for the design of my flyer. (Optional) _____

Total Purchase Amount: _____

Area Code(s) or States(s): Please indicate what Area Code(s) or State(s) you want your fax delivered to.

Targeted Business Types: If NOT sending to "General Business", please list the SIC Code(s) or business type(s) here. (Examples: "Restaurants" or "SIC Code 8011" or "Physicians, Dentists and Chiropractors")

Date of Desired Delivery: (Circle One) **M T W T F** **Date:** ____ / ____ / ____

Approximate Time of Delivery: AM / PM **Time Zone:** EST / CST / PST

Payment Options (FAX This Form To: 1-603- 994-1746)

Credit Card Orders, please complete the following information. ** NO AMERICAN EXPRESS

Card Number _____ **EXP. DATE** _____

Name on Card _____

Billing Address _____

City _____ **ST** ____ **Zip** _____

C.V.V. # (required) _____ (**3-digit verification number** on the back of your card, far right)

Phone Number _____ **Fax Number** _____

Email Address _____

I authorize AdMaxMarketing.com (dba **Kangen Wellness**) to debit my account for the purchase amount indicated above. I agree here to waive the requirement for a physical imprint of my credit card, as I'm making this purchase from my home or office, via facsimile machine. These lists do not contain written permission for solicitation. I understand that advertising response rates vary due to many factors, and that AdMaxMarketing.com can not; therefore, does not guarantee sales or response. We guarantee Delivery Only to the total amount indicated above.

SIGNATURE of CARDHOLDER

DATE

- NOTE: No orders will be processed without this signed order form.
- NOTE: Your credit card statement should read "Kangen Wellness" for this purchase.