

ORDER FORM / INVOICE

Print This Form

AdMaxMarketing.com

_____ YES, Prepare for me the following order.

These prices include list rental. If you have your own lists that you need delivered, please call for quote.

_____ **1,000 @ \$80** (8 cents each)

_____ **10,000 @ \$450** (4.5 cents each)

_____ **2,000 @ \$140** (7 cents each)

_____ **25,000 @ \$850** (3.4 cents each)

_____ **5,000 @ \$250** (5 cents each)

_____ **50,000** call for quote

Purchase Price (Price Quoted, If Different Than Above:) _____

Optional: Add **\$30** for the design of my flyer. _____

Total Purchase Amount: (Only If different than above.) _____

INSTRUCTIONS

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. Not all file formats will work.

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

Fax Test Proof. We will send you a "test fax" through our system to the fax number you provide. Once you receive the fax, **write "OK" and sign your name on it, and fax it back to us** at the same fax number. **(603-994-1746)**

Business Type: General Businesses - or - by S.I.C. Code

If Not "General Business", please list the SIC code or business type(s) here. (Ex: Plumbers, Real Estate, Construction, etc.)

Region or Area Code of List (Area Code, City, or State) - Not by ZIP Code

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)

In-House Card processing: Visa, MasterCard, Discover Only... All information below must be completed and signed.

PAYPAL is also available. Contact us today to receive your www.paypal.com invoice to your email address.

Credit Card Orders, please complete the following information.

VISA_____ MC_____ Discover_____ (check one) ** 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 AdMax Marketing 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 may read "Kangen Wellness" or FregRising" for this purchase.