



Yellow Page Order Form

This worksheet is designed to help us get to an efficient start. Please complete and fax to 803.831.0280. We look forward to doing a great job for you.

Date ____/____/200____

Client Name _____ Associate/Associates _____

Name of Practice _____

Please list address and phone number the way you want to have it listed:

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____

Website _____

Which type of dentistry do you want your print ad to attract?

Implants Family Cosmetic General Periodontal Ortho Pediatrics

Will you be using your current logo? Yes No If yes, please send as a JPEG, EPS or Illustrator file.

Are we designing a new logo to be used in the print ad? Yes No

Have you selected an ad you like from the samples provided? If so, which one? _____

Name of your yellow page directory _____

City and State of that directory _____

Name of your yellow page representative _____ Deadline Date _____

Phone # of yellow page representative _____

Size of ad you are considering? _____ Rate Quoted _____

- Yes, I'm interested in getting started. Please contact our yellow page representative.
- We will be sending you our logo ASAP.
- Please begin designing a new logo for our yellow page ad.
- Please begin designing our new yellow page ad! (\$1500)

Please charge to my M/C Visa Discover AMEX

Credit Card # _____

Expiration Date _____

Signature _____