



The Small Market **Radio** Newsletter

THE SPIRIT OF LOCAL BROADCASTING

Business & Professional Cards Order Form

By completing and submitting this form you agree to have your credit card charged automatically at the amount and interval you specify. You may scan the completed form and email to mitchell@jaymitchell.com with the subject line "SMRN Card Order." Or you may fax the form to 949-215-9650.

Name_____

Company/Station_____

Address_____

City/State/Zip_____

Phone_____ Fax_____

Email_____

Payment Interval & Amount

Monthly — \$30

Yearly — \$300

Payment Information

Card number_____

Expiration Date (MM/YY)_____ Card Verification Number*_____

Name on card_____

Billing address_____

City/State/Zip_____

Phone_____ Email_____

Signature_____ Date_____

**American Express: 4 digits on front; all others: 3 digits on back*

THANKS FOR ADVERTISING WITH SMRN!