

BUSINESS ALMANAC

Please fill in the information below

Name of Business _____

Year Founded _____

Address _____

Phone _____ Email Address _____

Contact Person _____

Please include the following on my ad along with the name of the business, address and phone.

Please fill in the blanks for the information you wish

Fax _____ Hours _____

E-mail Address _____

Website _____

Logo _____ (Please include a copy)

Photo _____ (Please include a high resolution version)

Select Ad Size _____ Add Process Color Yes _____ No _____
See list on reverse

Total amount of ad _____

Charge to my credit card Charge to my Westside News Account

Account number _____ Expiration _____ V-code _____

Name on card _____

Billing address for the card _____

Post Office _____ State _____ Zip Code _____

Fax form to: 352-4811 or fill out form on our website and email to your account representative or to *info@westsidenewsny.com*

Mail form to: Westside News
PO Box 106
Spencerport, NY 14559

**Deadline to receive:
Monday, June 4th**