

Rear Window Ads.com

Printable Form for Business Owners

Name of person referring you: _____

Their RWA ID Number: _____

YOUR BUSINESS INFORMATION

Business Name: _____

Contact Person: _____

Phone Number: (x-xxx-xxx-xxxx) _____

Mailing Address: _____

Area(s) you want to advertise in: _____

AD INFORMATION

Text to be placed on sign

Limit 20 Characters per line, up to 5 lines

Please specify Color per line or word

Line 1 Text: _____

Line 1 Color: _____

Line 2 Text: _____

Line 2 Color: _____

Line 3 Text: _____

Line 3 Color: _____

Line 4 Text: _____

Line 4 Color: _____

Line 5 Text: _____

Line 5 Color: _____

\$125 = Display Ad for 4 Consecutive Weeks

Allow 7-10 days before ad starts

Ad will begin running (m/d/y) _____

Ad will end running (m/d/y) _____

Total Amount Sent \$ _____

Make Checks Payable to:

Rear Window Ads

PO Box _____ (to be completed)

Crossnore, NC 28616

(Online Form Available at www.RearWindowAds.com)