

****Please Complete in Black Ink****

Sales Rep: Gail Kandel, 679-0569, info@firstcx.com		Date:
Business Name to be Listed:		
Contact Person (for internal use):		Title:
Listing Address:		
Billing Address (if different):		
Phone:	Website URL:	
Fax # (need this for contacting purposes):		Do you want your FAX# listed? <input type="checkbox"/> yes <input type="checkbox"/> no
Email Address (need this for contacting purposes):	Do you want your email listed? <input type="checkbox"/> yes <input type="checkbox"/> no	How often do you check your email?
Are your facilities open year-round? <input type="checkbox"/> yes <input type="checkbox"/> no	Hours of Operation?	
If appropriate for listing, what Age Ranges do you service?		
Do you offer Birthday Parties? <input type="checkbox"/> yes <input type="checkbox"/> no	For what Age Ranges?	
Would you be interested in participating in our DISCOUNT CLUB by extending a discount to those interested in purchasing our DISCOUNT CLUB CARD? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> maybe – contact me with details		
Other Information (Use separate page, if necessary):		

DISPLAY AD is being supplied in following format (please check appropriate box, if applicable):	<input type="checkbox"/> Emailing Ad In as jpeg or gif, 72dpi to info@firstcx.com	<input type="checkbox"/> Supplying CD or DVD	<input type="checkbox"/> Other
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Directory Listing: <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Hyperlink Only <input type="checkbox"/> Classified	
WEB PAGE:	Category Heading:
Cross-Reference Category(s) and/or Page(s), if appropriate:	

If submitting directory listing with description, it is preferable to email details to info@firstcx.com. Otherwise call Gail with details, 845-679-0569.

We accept checks, cash, MC and VISA credit cards as payment. Make checks payable to FIRST CONNECTIONS, INC. If you prefer to submit credit card information, complete below, and fax to 845-679-4798, mail to below address, or call Gail with details at 845-679-0569. Please print clearly in black ink.

TOTAL CHARGES DUE:		\$	
<input type="checkbox"/> MC <input type="checkbox"/> VISA #:		Exp.Date: ___/___/___	CVV ID# _____
Name on CCard:	Address Where Credit Card Statements Are Rcvd:		Zp Code:
Authorized Signature:			Date: