



places2NETWORK Advertising Application
Fax back to 303-642-9224

Company

Company: _____
First: _____ Last: _____
Billing Address: _____
Billing City: _____ State: _____ Zip _____
Phone: _____ Email: _____
Website address to link advertising: _____
Metro Area: DENVER

Payment

Advertising Class: _____ Months: _____ Start: _____
Banner Size: _____ Image: _____ End: _____
Monthly Rate: _____
Name on Card: _____ OR Pay by check in advance: _____
Card type: _____ Check #: _____
Card Number: _____
Expiration: _____
CVV2: _____

Billing Address Information

Address: _____
City: _____ State: _____ Zip _____

I authorize places2NETWORK.com to charge my card. The name of the recipient is Cybercom Consulting, Inc., the parent company of places2NETWORK.com.

Signature _____ Date _____



Receipt for Advertising

Name: _____ Date: _____

Monthly Rate / Amt: _____ Paid By: Credit Card ___ Check ___