

**WORKING PENNIES MAGAZINES** 

Lawrenceville, Ga. 30045 • Office: 404-664-0913

**CLIENT INFORMATION**

Please Print:

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Business Fax:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Person(s):** \_\_\_\_\_

**How do you hear about us?** \_\_\_\_\_

**Circle Payment Type:** CREDIT DEBIT CASH CHECK **Payable Amount:** \_\_\_\_\_

**Card#** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

*I authorize **payment** and **balance** to be charged to my credit/debit card. I understand that my credit/debit card will automatically be billing each month.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Office Use Only

**Date of first Issue:** \_\_\_\_\_ **Date of last Issue:** \_\_\_\_\_

**Monthly Discount:** \_\_\_\_\_ **Monthly Cost:** \_\_\_\_\_