

Date ____/____/____

AD NAME, ADDRESS, PHONE

Name: _____

Address: _____

Phone: _____

Please complete if different from Credit Card information

CATEGORIES

- | | |
|---|--|
| <input type="checkbox"/> Horses & Tack | <input type="checkbox"/> Wanted Items |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Lost & Found/
Free Items |
| <input type="checkbox"/> Pets & Supplies | <i>No Charge</i> |
| <input type="checkbox"/> Poultry & Small Animals | |
| <input type="checkbox"/> Beekeeping | |
| <input type="checkbox"/> Bicycles/Scooters | |
| <input type="checkbox"/> Building Supplies | |
| <input type="checkbox"/> Business Opportunities | |
| <input type="checkbox"/> Carriages | |
| <input type="checkbox"/> Clothing/Dry Goods | |
| <input type="checkbox"/> Construction Equipment | |
| <input type="checkbox"/> Crafts | |
| <input type="checkbox"/> Electrical/Solar | |
| <input type="checkbox"/> Farm Related | |
| <input type="checkbox"/> Garage Sales/Benefits | |
| <input type="checkbox"/> Greenhouse/Growing Supplies | |
| <input type="checkbox"/> Hay/Straw/Feed | |
| <input type="checkbox"/> Health/Naturals | |
| <input type="checkbox"/> Help Wanted | |
| <input type="checkbox"/> Household/Furniture | |
| <input type="checkbox"/> Lawn & Garden | |
| <input type="checkbox"/> Maple/Maple Supplies | |
| <input type="checkbox"/> Miscellaneous | |
| <input type="checkbox"/> Office Supplies/Publications | |
| <input type="checkbox"/> Produce/Edibles | |
| <input type="checkbox"/> Produce Equipment/Supplies | |
| <input type="checkbox"/> Real Estate (For Rent) | |
| <input type="checkbox"/> Real Estate (For Sale) | |
| <input type="checkbox"/> Rentals | |
| <input type="checkbox"/> Sawmill Equipment | |
| <input type="checkbox"/> Services Rendered | |
| <input type="checkbox"/> Shop/Tools | |
| <input type="checkbox"/> Special Events/Notices | |
| <input type="checkbox"/> Sporting Goods | |
| <input type="checkbox"/> Transportation/Taxi | |

PAYMENT INFO:

Approval code:

Visa _____ Master Card _____ Disc _____ Other _____

Card # _____ - _____ - _____ - _____

Name (as it appears on card): _____

Expiration _____ CVC Code (on back) _____

Address (billing address): _____

City _____

State _____ Zip Code _____

Phone # (_____) _____

\$15.00 for first 12 words			
15.45	15.90	16.35	16.80
17.25	17.70	18.15	18.60
19.05	19.50	19.90	20.40
20.85	21.30	21.75	22.20
22.65	23.10	23.55	24.00
24.45	24.90	25.35	25.80
26.25	26.70	27.15	27.60

PA _____ OH _____ NY _____

MI _____ KY _____ FL _____

Number of times Ad to run _____

15.00 for first 12 words
45¢ each additional word
per each Ad Category
Cost for ONE TIME —>

HOW MANY ISSUES (x) _____

Phone: 800-355-2192

Fax: 800-574-4204

Email: classifieds@busybeaverpublicationsllc.com

TOTAL COST

Multiply box 1 by box 2