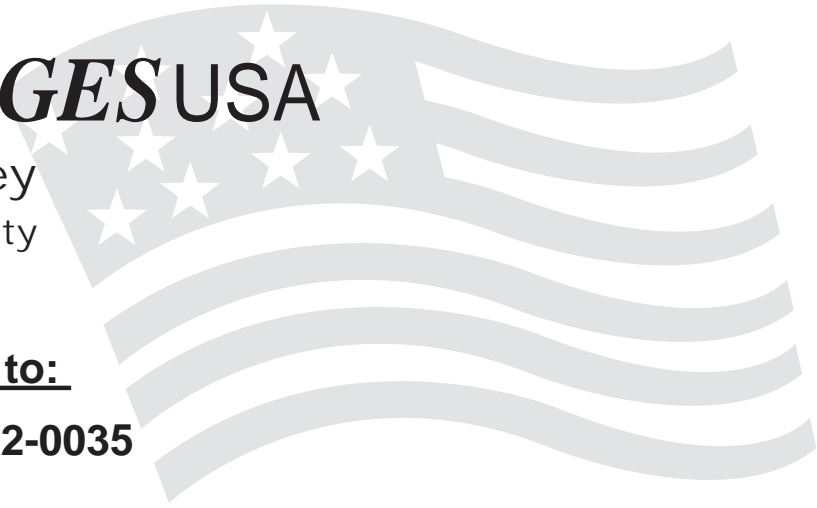




# YELLOW PAGES USA

Save Trees & Money  
Advertisement Opportunity



**Please return to:**

**or fax to:**

**Yellow PagesUSA Corp**

**843-282-0035**

**391 NW 179th Ave**

**Aloha, OR 97006**

Inquiries: Email: [info@yellowpagesusa.com](mailto:info@yellowpagesusa.com)  
Website: [www.yellowpagesusa.com](http://www.yellowpagesusa.com)  
Fax: 843-282-0035

**Description of Services:** Annual Internet Yellow PagesUSA Listing 2010-2011 Directory

**TOTAL AMOUNT DUE:**

**\$ 299.75**

**Listing includes:** One year (12 month) advertisement, Company Internet Listing, Map to your location, Link to your Website and up to ten Keyword/Categories.

THE YELLOW PAGESUSA,CORP listing is provided to million of businesses throughout the United States to increase their internet exposure. The YELLOW PAGESUSA network performs over 3 MILLION SEARCHES per month. THIS IS NOT A BILL. THIS IS A SOLICITATION. YOU ARE UNDER NO OBLIGATION TO PAY THE AMOUNT STATED ABOVE UNLESS YOU ACCEPT THIS OFFER. You may cancel this 3 year contract without any penalty or obligation within 3 business days from the date your payment is received, and get a full refund of all payments made to the seller. If you cancel the contract, the seller (Yellow PagesUSA) may keep only a portion of the contract price, equal to a pro rata portion of the total price representing the proportion of services you used or competed, plus the cost of the seller.

**Please verify your ACTUAL LISTING underneath, fill in the blanks and mail the stub with the completed CREDIT CARD or CHECK to our address: Yellow PagesUSA Corp., 391 NW 179th Ave, Aloha, OR 97006**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Website

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Keywords/Categories

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**PAYABLE TO YELLOW PAGESUSA PROCESSING CENTER OR BY CREDIT CARD PAYMENT**

Reference Number	Terms	Amount	Amount Paid

Payment Method: \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card Payment: Card Number \_\_\_\_\_

Card Holder \_\_\_\_\_

Card Holder Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exp Date \_\_\_\_\_ Card Security Code \_\_\_\_\_

*I agree to pay the above amount according to card issuer agreement*

Signature \_\_\_\_\_

