

BODY's Sexy Directory

FAX Credit Card Payment Form To 718 676 4449

Name as it appears on card _____

Billing Address as it appears on card

Billing Phone _____

Billing Email _____

Type of Card _____

Card Number _____ - _____ - _____

Expiration Date ____ / ____

Security Code _____

Ad Cost (Circle Choice)

Full / Half Page - Color / B.W. - 1 time / 2 times \$ _____ .00

Listings

LISTINGS RUN FOR \$100 PER YEAR (TWO EDITIONS)

Number of Listings _____ X \$100.00 \$ _____ .00

Total Authorized Amount \$ _____ .00

Authorized Signature _____

Print Name _____ Date ____ / ____ / ____