



Westwynde
COMMUNICATIONS

CLIENT INFO FORM	
LAST NAME	
FIRST NAME	
FARM NAME	
ADDRESS	
CITY	
STATE	
ZIP	
TELEPHONE	
CELL	
FAX	
EMAIL	
<i>How often do you check your email?</i>	
NAME AS IT APPEARS ON CREDIT CARD	
CARD #	
EXPIRATION	
BILLING ADDRESS IF DIFFERENT THAN ABOVE	
BILLING ADDRESS	
CITY	
STATE	
ZIP	
WE ACCEPT VISA, MASTERCARD, DISCOVER and DEBIT CARDS <i>Note all ads must have a credit card on file before we start work on them. You will automatically be billed for your ad when the work is approved by you or your agent & a paid receipt will be mailed</i>	
What logos do you want to appear in your ads	
SIGNATURE	

By signing this form you agree to the Westwynde terms of service and give permission to run your credit card for advertisements approved by you or your agent

FAX THIS FORM BACK TO US TOLL-FREE (866) 573-7651

Or call us with your information at 707 836 0667

Do not email your credit card information to us!