



International Pageants, Inc.®

Magazine Ad Payment Form

Your Name/Company Name: _____

PLEASE PRINT to ensure faster processing of your order

Contestant Name & Title: _____

Address: _____

For Credit Card Orders - This MUST be the billing address

City _____ State: _____ Zip Code: _____

Daytime Phone Number () _____

Email Address: _____

Quantity	Price Each	Item Description		Total Price
	\$1,000.00	Full Page Color Ad		
	\$3,000.00	Inside Cover Color Ad		

Sub Total = _____

4% Surcharge when using a Credit Card _____

*4% Surcharge to be applied when using a credit card Grand Total = _____

Method of Payment: Check Number: _____

Send this form with check - money order - or credit information to:

International Pageants, Inc.

P.O.Box 12426

Roanoke, VA. 24025-2426

Credit Card Orders can be FAXED to 540-989-8571

I authorize International Pageants to charge my account: VISA Master Card

Print Name - As it appears on Card: _____

Account Number: _____

Month / Year

Security Code: _____ Account Expiration Date: _____

Signature: _____

(Required on all charge orders. Sign just as you sign your credit card. All Credit orders subject to credit approval)

