

Bold Listing Order Form

*Bus Name

*Address Do not display

*Suburb Do not display

*Phone

*Category

Line entry includes Business Name, Street Address and Phone numbers only
*All fields compulsory to complete request

Printed Directory Bold Listing Options

Tick your options

Local Blue Pages Suite 24, Level 3, 240 Plenty Rd, Bundoora..1300246800 www.localblue.com.au email: enquiries@localblue.com.au	1st entry free/Per Entry thereafter: Bold web address &/or Bold email address	\$95+GST \$195+GST \$195+GST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Blue Suite 24, Level 3, 240 Plenty Rd, Bundoora... 1300246800 www.localblue.com.au email: enquiries@localblue.com.au	1-Line Bold: Bold web address &/or Bold email address	\$295+GST \$195+GST \$195+GST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LOCAL BLUE PAGES Suite 24, Level 3, 240 Plenty Rd, Bundoora.....1300246800 www.localblue.com.au email: enquiries@localblue.com.au	2-Line Bold: Bold web address &/or Bold email address	\$395+GST \$195+GST \$195+GST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LOCAL BLUE PAGES Tell your customers the services you provide in one (1) line. Suite 24, Level 3, 240 Plenty Rd, Bundoora..... 1300 246 800	3-Line Bold:	\$495+GST	<input type="checkbox"/>
LOCAL BLUE PAGES Tell your potential customers the services you provide for them in two (2) lines. Suite 24, Level 3, 240 Plenty Rd, Bundoora..... 1300 246 800	4-Line Bold:	\$595+GST	<input type="checkbox"/>

On-Line Options

Local Blue Pages Suite 24, Level 3, 240 Plenty Rd, Bundoora.....1300246800	Bold/Priority Position: Link to Website &/or email link	\$295+GST \$195+GST \$195+GST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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I (PRINT NAME)

agree to the selected option(s) (SIGN)

Total: \$

Payment Options

Date:

<input type="checkbox"/> Cheque / Money Order	<input type="checkbox"/> Send Invoice	<input type="checkbox"/> Direct Debit
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bank Card		
If paying by credit card, please complete the section below		If paying by direct debit, please complete the section below
Card Name <input type="text"/>	Card Number <input type="text"/>	Card Sig <input type="text"/>
	exp date <input type="text"/>	
Acc. Name <input type="text"/>	Acc. Number <input type="text"/>	BSB Number <input type="text"/>
		Sig <input type="text"/>