

Fax Reply Order Form – Fax to 1800 631 143

<u>Listing Options</u>	Yes	No	Price	Cost
1. Basic listing (See example on page 1): Payment of \$50 includes one copy of the Directory , posting on our Internet site and up to 2 categories (<i>extra categories \$10 ea.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	\$50	.....
2. As for (1) in bold (Example on page 1)	<input type="checkbox"/>	<input type="checkbox"/>	\$100	.....
3. As for (2) with logo (Example on page 1)	<input type="checkbox"/>	<input type="checkbox"/>	\$250	.....
4. Extra lines (allow 6 words per line): Number of extra lines	<input type="checkbox"/>	<input type="checkbox"/>	\$30 per line	.....
5. Editorial Listing (see Note below). Example on Page 1.	<input type="checkbox"/>	<input type="checkbox"/>	\$850	.....
6. Directory: Extra number of copies	<input type="checkbox"/>	<input type="checkbox"/>	\$20 each	.....
<u>Advertisement</u> (see Note below).	4 colour	2 colour	mono	
Eighth Page	N/A	N/A	<input type="checkbox"/> \$275	.....
Quarter Page	<input type="checkbox"/> \$700	<input type="checkbox"/> \$540	<input type="checkbox"/> \$450	.....
Half Page	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$975	<input type="checkbox"/> \$800	.....
Full Page – includes a Free Editorial listing	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$1,400	.....
<i>Payment Terms:</i>	Sub Total			.....
<i>All payments must be made prior to publication and no later than 29 October, 1999.</i>	10% discount for payment by 31 Aug 1999			.....
	Total			.....

Mechanical Data					
	Full page	Half pg horiz	Half pg vert	Quarter pg	Eighth pg
Trim (hwxw, mm)	297x210	130x186	264x90	130x90	63x90
Full Bleed	303x216	136x192	270x96	136x96	69x96

Colour films: negative film right reading, 150 lines per inch.

Deadlines
Booking & Material 29 October 1999 for Distribution in Dec 1999
Our email address:
buildingdb@ozemail.com.au

NOTE: All advertisements/listings booked on this Order are accepted on the basis that their positioning is subject to editorial control and publishers discretion, unless a specific space or cover is previously booked.

Company Name (Please Print):	
Address:	
Tel:	Fax: Mobile:
Email:	Web:
Contact (Please Print):	Position:
Categories Selected (Use Code Nos):	
Signed:	Date:

Payment Details : Payment \$ cheque Visa M/card B/card Please Invoice

_____ Expiry Date:

Card Holders Name (Please Print): Signature:

Please Make cheques payable to **Force 7**. Fax this Order (including your Categories) to **1800 631 143** or Mail it to **Reply Paid No. 7, Force 7 Group Pty Ltd, PO Box 342, Deepdene Delivery Centre, VIC 3103.**