



BUSINESS CARD Advertising — “At Your Service”

The Best Times Newspaper

Thank you for choosing to run a Business Card Ad in *The Best Times*, Johnson County’s premier newspaper for older adults. We are pleased to be of service.

The cost of a Business Card Ad is \$200 for each month that it runs. You may pay one month at a time or pay in advance for as many months as you wish the ad to run.

All Business Card Ads must be paid in advance. If you wish to use MasterCard or VISA, fill in the appropriate information on this form. If you wish to pay by check, make the check payable to “The Best Times.”

Just print the attached form, fill it out, and mail or fax it to:

The Best Times
11811 S. Sunset Drive, Suite 1300
Olathe, KS 66061
Fax: 913-715-8825

The deadline for submission of your ad is the eighth day of the month before publication (June 8 for the July issue, etc.).

Submitting your business card

There are two ways to submit your business card for your ad.

- Send an e-mail to The Best Times, TheBestTimes@jocogov.org. Attach to the e-mail a digital file (.jpg or .eps preferred) containing your business card.
- Mail your business card to the address above.



BUSINESS CARD Advertising Form — “At Your Service”

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| Today's date |
| Month you want your ad to run for the first time |
| Additional months you want your ad to run <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December |
| Total number of months you want to pay for |
| Total due |
| Name |
| Street address |
| City, State, ZIP |
| Daytime telephone |
| <input type="checkbox"/> Enclosed please find my check. |
| <input type="checkbox"/> Please bill my credit card. |
| <input type="checkbox"/> I will call in my credit card information. (Please call 913-715-8930.) |
| <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA |
| Charge \$ _____ to my account. |
| Account number |
| 3-digit security code on back of card |
| Expiration date |
| Name as it appears on card |
| Billing address if different from address above |