

CLIENT DETAILS

Business Name: _____

Account Manager: _____

Listing ID: _____

CONTACT INFORMATION

Address: _____ State: _____ Postcode: _____

Suburb: _____ Email: _____

Phone: _____ Fax: _____

Contact Name: _____ Position: _____

BILLING ADDRESS Tick box if same as above

Address: _____ State: _____ Postcode: _____

Suburb: _____ Email: _____

Business Hours: _____

PROVIDING INFORMATION FOR YOUR ADVERTISEMENT

OPTION 1 Tick box

You would like us to collect the information & photos from another website and create your listing from that information. The website can be either your own or a third party site that your business is listed on.

OPTION 2 Tick box

You will email the Information & Photos of your business directly to us, from which we can create your listing. Send to: info@lakemacquarie.com or whichever email our salesperson gives you.

LINKS FROM YOUR WEBSITE LISTING

Your Website: http:// _____

Your Email address to include on site*: _____

**If you prefer customers to phone and not email, do not include email above.*

SUBSCRIPTION DETAILS

OPTION 1

Premium Business listing
\$99 for 12 months

OPTION 2

Corporate Business listing
\$499 for 12 months

OPTION 3 Tick box

Banner Advertising (Price on application,
according to size and duration of advertisement)

PAYMENT OPTIONS

Cheque

Direct Deposit to LakeMacquarie.com BSB 032524 A/C 200296

Credit Card Mastercard Visa

Name on Card: _____ Signature: _____

Card Number: _____ Expiry Date: _____

AGREEMENT By signing this form, you are forming a binding agreement with LakeMacquarie.com. You acknowledge that the terms stipulated in this form and in the Terms and Conditions on our website (www.LakeMacquarie.com) form parts of this agreement and are legally binding upon you. No amendment to this form or the standard terms and conditions will be binding upon LakeMacquarie.com unless accepted in writing by an authorized signatory of LakeMacquarie.com. We reserve the right to amend the terms of the Agreement at any time. If signing on behalf of a company, you warrant that you are authorized to bind that company to this Agreement.

Authorised Signature: _____

Print Name: _____ Date: _____

SEND FORM TO: Fax: 02 4977 3055 Mail: 17 Currans Road, Cooranbong NSW 2265 (with payment)

EMAIL: info@lakemacquarie.com with any enquiries, stating the name of our salesperson (if applicable).