



Seeking Employment Ad Transmittal

090518

Contact: _____

Address: _____

City, State, Zip: _____
(Billing)

Email: _____

Home Phone: _____

Cell Phone: _____

CMA Use Only

First Run Date: _____

Number of Weeks: _____

Last Run Date: _____

Include on Web: _____

Cost per Run: _____

Cost per Month: _____

Total Job Cost: _____

AD Content:

To be created by CMA We can create your ad from a Resume and/or your JobLine profile. Proof will be provided for approval.

Use below Use ad text below, Maximum Words 40 including Title, Body and Contact Information.

Title: _____

Body: _____

Contact Name: _____

Phone #: _____

email: _____

Please let us know if you wish to have the ad submitted for approval. (may delay insertion date) **Yes** **No**

Approved: _____

Date: _____

AD Cost: \$25 per month: Number of Months _____ **= Total to be charged \$** _____

PAYMENT METHOD: Check Enclosed: VISA/Mastercard:

VISA/Mastercard Number: _____ CCV# _____

Name on Card: _____

Signature: _____ Exp. Date: _____

CMA Use Only

Date: _____

By: _____

Receipt Mailed

Receipt emailed

Fax Ad Form with Credit Card Payment Information to 800-524-4982, or
Mail checks with AD Form to: PO Box 1339, Seeley Lake, Montana. 59686