



Weekly Advertiser Form

Name (Person Placing Order): _____

Name: _____

Company: _____

Address: _____ City: _____ State/Zip: _____

Phone (Office): _____ (Cell): _____

Email : _____

Company Web Address: _____

NRDS number: _____

Advertising & Billing Guidelines

Ad DEADLINE:

No later than Wednesday, 5 PM

Ad Submissions:

Email all ad information to reweekly@lvar.org. Please include, text, MLS numbers, ad size and whether it is a color or b/w ad. Also include any personal information and pictures that you would like included.

Payment Instructions:

I will be responsible for billing of my ad(s).

The Broker of Record will be responsible for billing of my ad(s).

Broker Signature: _____ Broker Email: _____

Date: _____

Payments can be made by mailing a check to:

LVAR
P.O. BOX 20487
Lehigh Valley, PA 18002

Invoices are mailed to your office and payable within 30 days of the date of invoice.

I have read and acknowledged the above mentioned and agree to abide by all rules and regulations.

Signature _____ Date _____

(Person responsible for payment)