



WORK ORDER & SERVICE AGREEMENT
 Complete and Fax to Matt Canetto at 303-455-4100
 or Email to mcanetto@lioninc.com

BILLING & CONTACT INFORMATION

Order Date:

Company Name:	Phone:
Contact Name:	Fax:
Address:	Email:
C/S/Z:	Site Address:

SERVICES & FEES

Custom Web Sites require 50% minimum payment to start design

Services:	# of Pro Users:
One-Time Fee:	# of Ad States:
<u>Total One-Time:</u>	Annual Fee:
Monthly Fee:	Banner Size & Placement:
<u>Total Monthly:</u>	Banner Imp.s/CPM:
Comments:	

PAYMENT METHOD

Services will be activated upon receipt of minimum required payment

For Initial Payment (select one):	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Current Payment Method
For Future Payments (select one):	<input type="checkbox"/> Invoice	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Current Payment Method
Credit Card Type (select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
_____ Credit Card Number (REQUIRED)		_____ Expiration Date	
_____ Signature (Authorized Party)		_____ Date	

INTERNAL USE

List contact information for web site / advertising if different than above

<i>Company Name:</i>	<i>Phone:</i>
<i>Contact Name:</i>	<i>Email:</i>
<i>Current Customer:</i>	<i>BAM#:</i>
<i>SAM#:</i>	<i>Acct ID#:</i>