



New Business Connections

a division of Source Map, Inc.

P.O. Box 460
Tracyton, WA 98393

**Data
Product / Service
ORDER**

(360) 479-8384

DATA PRODUCTS & SERVICES AGREEMENT

SALES: NewBusinessConnections.com • **FAX** (360) 479-8462 • **info@NewBusinessConnections.com**

BUSINESS			CONTACT	TITLE
ADDRESS			PHONE	
CITY	STATE	ZIP	FAX	
			E-MAIL	

Data Product Format: TeleMarketing List, Mailing Labels, **Start Month (circle):** J - F - M - A - M - J - J - A - S - O - N - D

New Business TELEMARKETING list or MAILING Labels

County/Area:

King: (Full Co. - all 5 Areas): **\$99/month/County = \$1188/year**
King: (Individual Area): **\$39/month/Area = \$468/year**
 Downtown North South 1 South 2 East

Pierce: (Full Co. - 2 Areas): **\$69/month/County = \$828/year**
Pierce: (Individual Area): **\$39/month/Area = \$468/year**
 North South

Snohomish: (Full Co. - 2 Areas): **\$69/month/County = \$828/year**
Snohomish: (Individual Area): **\$39/month/Area = \$468/year**
 North South

All other Counties: 12 Months: **\$39/month/County = \$468/year**
(Some smaller counties can be combined to be a one-county price)

Receive **BOTH TELEMARKETING and MAILING** lists for an additional **\$10/mo.**
 Custom Sorting/Format/Excel: **\$10/mo.:** _____

Service Area / Format (circle): 1) _____ / T or M, 2) _____ / T or M
 3) _____ / T or M, 4) _____ / T or M

Sales Notes: _____

\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

<p align="center">Payment Method</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Checking Account</p> <p>Please make check payable to: New Business Connections Monthly payments on an annual contract are available ONLY if customer authorises monthly use of a valid Credit Card. All monthly contracts start with payment of the 1st & 12th month.</p>	<p align="right">Yearly Total \$ _____</p> <p>(Disc. Code: _____) 5% Discount \$ _____</p> <p align="right">Sub. Total \$ _____</p> <p align="right">WA Sales Tax 8.6% \$ _____</p> <p align="right">Balance TOTAL \$ _____</p>
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Production notes: _____

Authorized Signature for monthly credit card Subscription Payments: _____ **Date:** _____

Credit Card Info: # _____ **Exp:** _____ / _____ **ZipCode for CC billing:** _____

Printed Name: _____

NOTE: All NBC Data is © copyrighted and sold for use by the original Customer ONLY. Transferring or sharing NBC Data with third parties is not allowed.