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) 479-8469 ● info@NewBusinessConnections.com**

BUSINESS _____ CONTACT _____ TITLE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ FAX _____

REP _____ DATE _____ E-MAIL _____

Data Product Subscriptions in *EXCEL* via Email

Subscription Start Month (check): J - F - M - A - M - J - J - A - S - O - N - D
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

New Business Listings are sold by monthly/yearly County Subscription as follows:

WA State: County/Area:

☐ **Downtown** ☐ **North** ☐ **South 1** ☐ **South 2** ☐ **East**
King: (Full Co. - all 5 areas above): $147/month/County or, $1,499/year, *prepaid* $_____
King: (Individual Area): $49/month/Area, or = $399/year, *prepaid* $_____

☐ **North** ☐ **South**
Pierce: (Full Co. - both areas above): $69/month/County, or $799/year, *prepaid* $_____
Pierce: (Individual Area): $49/month/Area, or $499/year, *prepaid* $_____

☐ **North** ☐ **South**
Snohomish: (Full Co. - both areas above): $69/month/County, or $799/year, *prepaid* $_____
Snohomish: (Individual Area): $49/month/Area, or $499/year, *prepaid* $_____

All other Counties: 12 Months: $49/month, or $499/year, *prepaid* $_____
(Some smaller counties can be combined to be a one-county price)

Sales Notes:_____

Payment Method

☐ Credit Card ☐ Checking Account

Please make check payable to: **Source Map, Inc.**

Monthly payments are on annual Contracts and available ONLY if customer authorizes monthly payments via a valid Credit Card. All monthly contracts start with payment of 1st and 12th months.

Yearly Sub Total	$ 0
_____	$ _____
Sub. Total	$ 0
Enter applicable WA Sales Tax:_____	$ 0.00
Yearly Total	$ 0.00

Production notes: _____

Authorized Signature for monthly Credit Card Subscription Payment(s): _____ Date: _____

☐ Credit Card (C.C.) Info: #_____ _____ _____ _____ Exp:___/___ C.S.V.#:_____ ZipCode for C.C. Billing:_____

Printed Name: _____ Number of C.C. Billings ____, at $_____ per Billing.

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