

Request to ACVO for Mailing Lists & Advertising Orders

Date of request: _____

Name of organization making request: _____

Contact name: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

City/State/Zip: _____

PROCEDURE

Please provide a sample copy of what you are planning to mail to our members accompanied by this form via fax to the ACVO office at 208-895-7872. If you have any questions, you can email us at: office17@acvo.org call 208-466-7624. Upon approval of your sample copy, you must remit payment to the ACVO. If you are paying with credit the charge will not be issued until the purchase is approved. The fee must be pre-paid and sent to, ACVO, PO Box 1311, Meridian, ID 83680. Or you may pay with credit with the below form.

LABEL/DIGITAL FILE USE

The list we provide contains business addresses only and is NOT to be reproduced or used in any manner other than for this specific request. By returning this form you are agreeing to a ONE TIME ONLY USE of the digital mailing lists we provide. (Excel format). *Violation on the 'one time use' policy will result in future denial of mailing lists and/or participation in other ACVO functions.*

Types of lists available:

____ ACVO Diplomate list, digital Excel file = members \$FREE/non-members \$100

____ ACVO Residents list, digital Excel file = members \$FREE/non-members \$100

By checking this box the individual placing this order confirms that the mailing/digital list provided will be used one time only and only for the mailing approved by the ACVO office.

Credit Payment Information:

Fax credit payment to 208-895-7872. Checks should be made payable to ACVO.

____ Visa ____ MC ____ Discover (please mark one)

Name on Card: _____ Total to charge: \$ _____

Card Billing Address: _____

Card holder signature: _____

Card Number: _____ Expiration date: _____ (MM / YY)

CVC# _____

Please allow up to 10 days for order fulfillment.