



INDEFREE
MARKETING

Custom Ad Order Form

VERY IMPORTANT: The information you give will be essential in creating an ad that delivers the most results and return on your investment. Be as thorough and accurate as possible.

FAX the completed form to **(866) 319-7682.**

Name of your Practice _____ Ph _____

Contact Person _____ Cell _____ Email _____

Indicate how you wish the following business/practice information be displayed in the ad.

Business/practice name:

Business/practice address:

Business/practice phone number:

Business/practice website address or email (optional):

Business/practice fax number (optional):

(Draw map here if you wish)

(Everything you indicate above will be displayed on the ad)

1. What is the SIZE of the ad you wish to create? Give dimensions in inches or feet.
2. How many colors will the ad display (1, 2 or 4)?
3. Do you already have pictures you wish to use or do you want IndeFree to choose from our stock photography?
4. Where will this ad be placed? Give the full name.
5. And who are the readers.
6. How large is the distribution?
7. What are you wanting to highlight through your ad? What are you wanting it to accomplish?
8. What are you wanting the reader of your ad to do?
9. What type of "Free" item can you offer that might be of value to the reader?
10. What is the essence of what you are offering the reader? Describe it using 6 words.

11. Describe your offering in more detail using 26 words.

12. What are the benefits to someone taking advantage of what you are offering?

13. How long before the benefits are realized.

14. Who is BEST for what you are offering?

15. Give 3 testimonials from other people relating to your offering or the practitioner who is offering it. List their names, city, state.

16. Complete the sentence "Be wary of" _____

17. Give the 3 main causes of the problem you are specifically addressing (more detailed the better):

18. Give a minimum of 3 "Self Help Tips" that the reader can begin doing on their own now that would help immediately:

19. List the person(s) who should be featured to represent your offering. Send a portrait style picture to order@indefree.com.

Name(s) of those who will have featured bios	Title	School
1) _____	_____	_____

Personal Interests and hobbies:

Special credentials and/or accomplishments:

What do you like most about offering what you are offering?

2) _____	_____	_____
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Personal Interests and hobbies:

Special credentials and/or accomplishments:

What do you like most about offering what you are offering?

20. What should the reader expect to pay if taking advantage of your offering?

21. How do you prefer the reader to make contact with you to take advantage of your offering?

22. Why should the reader act now and NOT put this off?

23. Any other incentives for why the reader should act now?

24. Give 3 reasons why the reader should call you now!

Personal Information

Complete the Payment Info Below to Begin Your Custom Brochure.

Last Name		First Name		Occupation		Yrs. Practicing	
Home Street Address			City		State		Zip
Home Ph.		Cell Phone		Email			

Business Information

Primary Contact Person (other than self)			Title		Length of Time with Company	
Business Name (If applicable)			Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corp/LLC <input type="checkbox"/> Partnership	Yrs. in Business	No. of Employees	No. of Locations
Business Street Address			City		State Zip	
Business Ph			Contact Person Email Address			

Shipping Address (If different)**Refer-A-Friend or Colleague**

Contact Person		Last Name		First Name			
Street Address			Company Name (If applicable)				
City		State		Zip		Email Address	
Phone No.			Phone #				

Qty	Description	Price	Amount
		Total	

Method of Payment

Check/MO: # _____ Dated _____
 Lease*: ___\$1 or ___10% Buyout. Terms _____
 Credit Card: ___Visa ___MC ___AmEx ___Discover
 Name on Card _____
 Card No _____
 Exp Date _____ 3/4 Digit Code _____
 Address associated with card: _____

Authorization

I AGREE TO THE CHARGES INDICATED ABOVE. I AM PURCHASING THESE PRODUCTS OR SERVICES AT MY OWN RISK. NEITHER INDEFREE CORP. NOR ANY OTHER PARTY INVOLVED IN CREATING, PRODUCING, OR DELIVERING THE PRODUCT OR SERVICE IS LIABLE FOR ANY DIRECT, INCIDENTAL, CONSEQUENTIAL, INDIRECT, OR PUNITIVE DAMAGES ARISING OUT OF YOUR RELIANCE ON, OR USE OF, THE PRODUCT OR SERVICE.

Signature

X _____

Date

Complete and fax to (866) 319-7682 or email orders@indefree.com

(For Office Use)

A representative will contact you via phone or email upon receipt.

Congratulations on completing this very important exercise. Once your payment processes successfully you'll receive a confirmation via email. Any graphics, logos, or illustrations you want to include in your ad should be sent to order@indefree.com.

Thank you for your business and we look forward to helping you succeed!

Sincerely,

A handwritten signature in black ink that reads "James Ko P.T." The signature is written in a cursive style.

James Ko, MPT, CFA, President
IndeFree Association

FAX the completed form to toll-free **(866) 319-7682**