



**Requesting advertisement in The Disabled Veteran Voice & Disabled Veteran News**

**Fax to: (866) 557-5128 or (866) 557-6951**

Company Contact Person: _____		Date: _____
Company Name: _____		
Phone Number: _____	Fax Number: _____	
Address: _____		
City: _____	State: _____	Zip: _____
<input type="checkbox"/> Non Member	<input type="checkbox"/> Premium Member	<input type="checkbox"/> Free Member
<input type="checkbox"/> ¼ Page	<input type="checkbox"/> ½ Page	<input type="checkbox"/> Full Page

Requesting sub-Bids from: DVBE       MBE       WBE       DBE   
 OBE       SBE       Other \_\_\_\_\_

**Additional Text or Information please attach as second page**

Project Name: _____
Agency: _____
Location of Work: _____
Project Number: _____      Engineer's Estimate: _____
Bid Date: _____      Bid Time: _____
Trades Needed: _____
Contact: _____ <small>(the person in your company whom interested subcontractors should contact, phone and fax number)</small>

**If you prefer to pay by Credit Card please enter your information:**

<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Card #: _____      Exp. Date: _____
Credit Card Holder: _____      Security Code: _____
Signature _____      Date _____