

# BADLANDS DIRECTORY



**P.O. BOX 1415 / COLUMBUS, NE 68602 / 701-483-7824 / 800-928-7824**

☐ NO.: \_\_\_\_\_

☐ NAME: \_\_\_\_\_

☐ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

MAILING \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE

GROUPING #: \_\_\_\_\_ CITY: \_\_\_\_\_

[illegible]

The applicant acting through the undersigned who represents that he is duly authorized by the applicant, agrees to the payments stated above. The undersigned has read this application including the terms and condition on the reverse side and by his signature acknowledges that he has received a copy of this application and agrees to the terms and conditions as stated. The applicant understands and agrees that this contract is subject to acceptance by the home office of publisher. All payments to the publisher hereunder shall be made at its corporate office. **This agreement cannot be cancelled except as stated herein.**



**VISA** NAME




**CREDIT CARD#** \_\_\_\_\_
 **EXP DATE** \_\_\_\_\_
 **CSC CODE** \_\_\_\_\_



STREET ADDRESS OF CARD HOLDER  
 3-DIGIT SECURITY CODE ON BACK OF CARD  
 ZIP CODE

Authorized Signature  Title \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_ Representative: \_\_\_\_\_

CHECK NO.

DATE \_\_\_\_\_