

ASTPS Marketing Series

Layout Info/Order Form

Please complete all sections you wish to have appear in your marketing materials.
It is critical that each entry be legible.

Firm Name:

Name on credit card:

Credit card number:

Credit card control number:

Expiration date:

Address 1:

City, State, & Zip:

Website:

E-mail Address:

Phone: () -

Fax: () -

Professional Designations & Credentials:

Years doing taxpayer representation:

Do you do state representation too? Yes No

Do you offer free initial consultation? Yes No

Professional organization memberships:

Series ordered:

Challenger Series \$ _____

Evil IRS Series \$ _____

NASCAR Series \$ _____

Puppy Series \$ _____

1st Series Purchased: \$597 2nd Series Purchased: \$497
3rd Series Purchased: \$397 4th Series Purchased: \$297

Check Box For 5% ASTPS Member Discount

Total \$ _____

Please provide a client testimonial AND personal quote (one/two lines) to include in your ads and brochure. Personal quote example which you may use: "The one sure thing about tax problems is that they don't heal with time. The longer you fail to deal with them, the worse they get."

Authorized signature

Date: _____/20