

ASTPS Marketing Series

Layout Info/Order Form

FAX (716-630-1651) OR SCAN & EMAIL ORDER TO RON@ASTPS.ORG

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:	Expiration date:
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Address 1:	Address 2:
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City, State, & Zip:	Phone:	Fax:
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Website:	E-mail Address:
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Professional Designations & Credentials:
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Years doing taxpayer representation:

Do you do state representation too? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you offer free initial consultation? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Professional organization memberships:
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<u>Series ordered:</u>	
Challenger Series \$	_____
Evil IRS Series \$	_____
NASCAR Series \$	_____
Puppy Series \$	_____
Total \$	_____
1st Series Purchased: \$597	
2nd Series Purchased: \$497	
3rd Series Purchased: \$397	
4th Series Purchased: \$297	
ASTPS MEMBERS TAKE 5% OFF THEIR ORDER	

CLIENT TESTIMONIAL (one-two lines, include city, state if possible):
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PERSONAL QUOTE/TESTIMONIAL:

 Authorized signature

Date: _____/20

**YOU WILL NEED TO SEND A .JPG OF ONE OF THE FOLLOWING:
 YOURSELF/YOUR FIRM/YOUR LOGO TO info@astps.org TO COMPLETE BROCHURE**