

**(print, complete, and return via fax to 704-933-7422)**

Bill To: Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Billing Method:  
☐ We have an open account. Bill my order. Terms: Net 30 days. PO# \_\_\_\_\_  
☐ Charge my order to Visa ☐ MasterCard ☐ or Amex ☐  
Card #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| Card Expires (Mo/Yr) |\_|\_| / |\_|\_|

\_\_\_\_\_  
Cardholder (Please print)

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

\_\_\_\_\_  
Date

**Editorial** (check all that apply): Newspaper \_\_\_\_\_, Magazine \_\_\_\_\_, Book Publisher \_\_\_\_\_  
**Commercial** (check all that apply): Advertising Agency \_\_\_\_\_, PR Agency \_\_\_\_\_, Corporate Sponsor \_\_\_\_\_,  
 Souvenir \_\_\_\_\_, Other (explain) \_\_\_\_\_  
 NASCAR Licensed? \_\_\_\_\_ Name and # to verify \_\_\_\_\_  
 Representing Client? \_\_\_\_\_ Name and # to verify \_\_\_\_\_

Requested usage (required): \_\_\_\_\_

<u>Image Request</u>	Image ID #	Image ID #	Image ID #
Quoted price per image \$_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Quoted by:	_____	_____	_____
_____			

**There will be a \$100.00 research fee up-front per order. This fee will be credited toward your final bill. If no images are used, this fee is non-refundable.**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_