161 Pasadena Ave., Suite B South Pasadena , CA
91030 Voice: (626) 584-8747

Publication Order Agreement

BILLING INFORMATION – Print legibly

Name _____

Phone Number _____ **Fax/Cell** _____

Address _____ **City**_____ **ZIP** _____

Email address _____

PUBLICATION INFORMATION – Please read below:

Check one item: *Submit This Document with Your Order:*

☐ **ABC Notice** ABC form 207C (application to sell alcoholic beverages) or 207D (change in ownership)

☑ **Name Change** Superior Court form NC 120 ORDER TO SHOW CAUSE FOR CHANGE OF NAME

☐ **Other** Copy of Quote w/notices:

Deadline: Pasadena Weekly publishes every **Thursday** of the year. Orders submitted by **Tuesday noon** will publish **that Thursday.** Weeks that include major holidays such as Thanksgiving, Christmas and New Years have earlier deadlines. Please inquire in advance if you are concerned about the1st date of publication. Note: orders submitted after Tuesday noon may be published if space is available but *may be subject to an additional late fee of $25.*

Verification: As soon as your order is entered in our system, you will receive a receipt with your scheduled dates to publish. You may see a digital copy of your ad on our website pasadenaweekly.com

Proof of Publication Affidavits: After the final insert is published, affidavits will be sent to you to file.

Name Change Notice – 2 copies to you Other – 2 copies to you

Amount Enclosed: ☐ **ABC 1x (207D) $35** ☐ **ABC 3x (207C) $81** ■ **Name Change $99** ☐ **Other $**_____

Payment Method (check one) : ☐ **CASH** ☐ **CHECK** ☐ **CREDIT CARD** ***complete items below****

I authorize Pasadena Weekly to publish the notice(s) described above according the terms stated. I have submitted full payment in check or cash or hereby authorize Pasadena Weekly to charge my credit card account listed below.

Signed_____ **Date**_____

Mail orders to: Pasadena Weekly, 161 Pasadena Ave., Suite B South Pasadena , CA 91030 ATTENTION: Ann Turrietta

Fax orders to: 626-795-0149 Attention: Ann Turrietta Email orders to:**annt@pasadenaweekly.com**

FOR FURTHER INFORMATION: Ann Turrietta 626-584-8747 **annt@pasadenaweekly.com**

****Name on Card Account*** _____ ****Security Code*** _____
(***Security code*** is last 3 numbers on the back ot Visa, MC, or Discover card or 4 on front of AMEX card)

****Credit Card #*** _____ ****Exp. Date*** _____

`.....` ***FOR OFFICE USE ONLY*** `.....`

Received $ _____ **Date** _____ **By** _____