



SBJ Order Form

Salem Business Journal
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*Business Name: _____

*Responsible Party: _____

*Physical Address: _____
City State Zip

Mailing Address: (If different) _____

*Phone: _____

Website: _____

*E-mail: _____

Publication(s): _____

Ad size(s): _____

Total: \$_____ Payment Method: ___Cash ___Check ___Credit Card ___PayPal

Authorized Signature of responsible party

Printed Name responsible party

Date

SBJ Representative Signature

Printed Name SBJ Representative

Notes: _____
