

**NATIONAL WHITE PAGES  
LISTING REQUEST**

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FORMS MUST BE TYPEWRITTEN

3235 ID: **35044**

PAGE NO.

1 of 3

Date Received: \_\_\_\_\_

DATE 09072010		ORDER DUE DATE 10072010		DA <input checked="" type="checkbox"/>	PUB # 0681	DIR # 012995	STATE FL	DIRECTORY NAME Zephyrhills		ISSUE 022011	NAT'L DIR CLOSE 10012010
CMR # 082	CLIENT # 8110	CLIENT NAME CARETENDERS HEALTHCORP			YPSRL <input type="checkbox"/>		WPLST <input checked="" type="checkbox"/>	LOA <input checked="" type="checkbox"/>	SECTION		
PUBLISHING CO NAME SuperMedia Inc.			LOCAL REQ <input checked="" type="checkbox"/>	FRGN REQ <input type="checkbox"/>	CMR COMPANY NAME Bernstein-Rein Advertising, Inc.				CMR TEL # 816-756-0640		
CMR FAX 816 399-6868		CMR E-MAIL charlenekaup@bradv.com			CMR CONTACT NAME Charlene Kaup						
CMR ADDRESS 4600 Madison Ave. Suite 1500					CITY Kansas City			STATE MO	ZIP CODE 64112		
CMR COMMENTS											

**INFORMATION SECTION**

BILLING COMPANY NAME:

BILLING ATTENTION NAME:

BILLING CONTACT NUMBER:

BILLING STREET ADDRESS:

BILLING SPECIAL INSTRUCTIONS:

ADDRESS WHERE 800# IS ANSWERED (CITY STATE):

TELEPHONE # WHERE 800# SHOULD BE BILLED:

MISCELLANEOUS BILL #:

SERVICE ORDER ISSUED BY (NAME, TEL#, EMAIL):

BUSINESS OFFICE COMMENTS:

**OTHER SERVICE PROVIDER INFORMATION**

(Only used if form rejected back to CMR)

LOCAL SERVICE PROVIDER NAME: _____		FAX #: _____	
ADDRESS: _____		E-MAIL ADDRESS: _____	
TELEPHONE #: _____		CMR MUST CONTACT: _____ LERG _____ CLEC _____	

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09072010		10072010		<input checked="" type="checkbox"/>	0681	012995	FL	Zephyrhills	022011	NAT'L DIR CLOSE 10012010	
CMR #	CLIENT #	CLIENT NAME						YPSRL	WPLIST	LOA	SECTION
082	8110	CARETENDERS HEALTHCORP						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
YELLOW PAGES HEADING FOR SRL											
<b>INSERT</b>											
CHG	IND	CVI*	LISTING					AREA CODE & TEL #		CHARGES (M/N)*	SVC ORDER # & DATE
*			MEDERI CARETENDERS								
*			35772 STATE ROAD 54					813 395-6950			

\* C=CLEC, V=Vendor, I=Independent, M=Monthly Reccurring Charge, N=Non-Recurring Charge

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YELLOW PAGES HEADING FOR SRL											

## REMOVE

CHG	IND	CVI*	LISTING	AREA CODE & TEL #	CHARGES (M/N)*	SVC ORDER # & DATE
*			Quality of Life			
*			35772 STATE ROAD 54 STE 101	813 395-6950		

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