



ARIZONA ASSOCIATION FOR PUPIL TRANSPORTATION

Vendor Application

Contact Person: _____
(please print)

Business Name: _____
(please print)

Business Address: _____
(please print)

Mailing Address: _____
(please print)

Phone: _____ **Fax:** _____

Email Address: _____
(please print)

AD SELECTION (place a check mark)

- | | |
|---|---|
| _____ Full Page Ad, One school year | \$100.00 |
| _____ Half Page Ad, One school year | \$75.00 |
| _____ Quarter Page Ad, One school year | \$50.00 |
| _____ Business Card Ad, One school year | \$25.00 |
| _____ Event Display | Per event \$50.00
(Display your products/services at our events) |

Please enclose a copy of the ad information, as you want it to appear in the newsletter.

Make checks, money orders or P/O's payable to: Arizona Association for Pupil Transportation

Send Application To:

A.A.P.T

P.O. Box 35070

Phoenix, Arizona 85069