

Elizabethton Star New Subscriber Order

Name _____ Date _____ 20 _____

Address _____

City _____ State _____ Zip _____

Phone _____

Type of Subscription

How Long

Daily & Sunday

Sunday Only

Senior Citizens (Age 60+)

Business - Daily Only

Amount Paid \$ _____

Cash

Check

Credit Card

Credit Card: Visa Mastercard Discover

Card # _____ - _____ - _____ - _____

Exp. Date _____ Security Code _____

Customer Signature _____

Order Taken By _____