Hot Springs Village Property Owners’ Association

Local Business Directory Advertising Form

$20.00 for a One-Year Period

This form must be returned to:
Hot Springs Village POA
Ella Scotty
895 DeSoto Boulevard
Hot Springs Village, AR 71909

For web listing:
Name of Business: ________________________________________________________________
Address: ________________________________________________________________________
City: ______________________________ State: ____________________ Zip: ___________
Phone#: (____)______________________ Email: ____________________________
Website Address: _________________________________________________________________
Business Description (limited to the first 30 words.) ______________________________________
_________________________________________________________________________________

The Hot Springs Village Property Owners’ Association reserves the right to refuse any business listing, with or without cause, and is not responsible for errors and omissions on any business advertisement.

Signature: __________________________ Date: __________________

To process the Internet Advertising Form a valid signature is required. The $20.00 fee must be received before the business advertisement will be placed on the website. Allow ten working days after receipt of payment for the advertisement to be placed on the website. Business Advertisements may be renewed yearly. More than one change per month to the business advertisement, becomes a new advertisement, and will be charged a $20.00 fee and have a new one-year advertising period. If you have any questions, please email lwatson@hsvpoa.org.

Payment Information – Please Print Clearly

Company Name: __________________________________________________________________
Contact Name: ________________________________________________________________
Address: _________________________________________________________________
City: ______________________________ State: ____________ Zip: _______________
Phone#: (____)______________________ Email: ____________________________
Check One: _____ Check _____ Cash Amount Due: ______________
_____ Credit Card (Visa, Mastercard, Discover) Please complete the information below
Name as it appears on credit card: _____________________________________________ Phone#: (____)__________
Credit Card #: ________________________ Expiration Date: _________ Three Digits on Back: _______
Signature: ______________________________________________________________________

Note: In the space below, under which heading would you like your business listed?

____________________________________________________________________________________