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
c/o Marketing
895 DeSoto Boulevard
Hot Springs Village, AR 71909
dobotkin@hsvpoa.org

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:_________________________________________________________________________________