



Account Number  
**650830063**

Billing Date  
**November 8, 2011**

Page 1 of 2



**Billing Questions and On-Line Payments:**  
Phone: 1-800-422-1234  
Web: DexOneBill.com

<b>Date Due</b>	<b>November 26, 2011</b>
<b>Current Amount Due</b>	<b>\$32.44</b>



**Mail Payments To:**  
Dex Media West, Inc  
PO Box 79167  
Phoenix, AZ 85062-9167

**Account Summary**

Previous Balance	32.44
Payments Received	-32.44
Current Product Charges	31.90
Taxes	0.54
<b>Current Amount Due</b>	<b>\$32.44</b>



**To Report an Error in Your Advertising:**  
1-800-422-1234

**Visit us at [Dexknows.com/ebill](http://Dexknows.com/ebill). You can view invoices, receive invoices electronically, and make payments on-line.**



**Mail Correspondence Other than Payments to:**  
Dex One  
Attn: Client Care  
PO Box 3900  
Peoria, IL 61612  
Dexoneinfo@Dexone.com

**Customer Information:**

LONE PALM R.V. & STORAGE  
FRANK & KATHLEEN CHERNEK  
2554 W 16TH STREET #225  
YUMA AZ 85364-4229  
1-928-783-4936

**Dex One**  
www.DexOne.com

Please return this portion with payment.



Check and complete information on back if changing address or paying by direct debit or credit card.

**Account Number: 650830063**  
**Date Due: November 26, 2011**  
**Current Amount Due: \$32.44**

Make checks payable to:

1 - 1

**LONE PALM R.V. & STORAGE**  
**FRANK & KATHLEEN CHERNEK**  
**2554 W 16TH STREET #225**  
**YUMA AZ 85364-4229**



**DEX MEDIA WEST, INC**  
**PO BOX 79167**  
**PHOENIX, AZ 85062-9167**



Account Number  
**650830063**

Billing Date  
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Page 2 of 2

**Payments**

<b>Payments Received - Thank You</b>			
Check	10/17/11	9120	32.44
<b>Total Payments Received</b>			<b>\$32.44</b>

**Current Product Charges**

Product	Product Duration	Activity Date	Description	Amount Due
Yuma -Yellow	03/09/11 - 03/08/12	11/01/11 - 11/30/11	Advertising Charge	31.90
<b>Total Current Product Charges</b>				<b>\$31.90</b>

**Taxes**

Product	Tax Applied	
Yuma -Yellow	0.54	
<b>Total Taxes</b>		<b>\$0.54</b>

**Information from your business partner, Dex One**

Our e-Bill website address has changed! You can now view invoices, receive invoices electronically and make payments online at <https://www.DexOneBill.com>.

Advertising purchased in directories outside your local market may be viewed online at [Dexpages.com](http://Dexpages.com). For conservation, delivery of these directories will cease unless requested. You will continue to receive your local directories. For non-local requests, contact us at [AdvertiserRequests@DexOne.com](mailto:AdvertiserRequests@DexOne.com) or 1-877-2-GET-DEX.

-- Taxable amount. See the tax section for total taxes by state or local authority.



**If you would like to pay via Direct Debit:**

Check One  Charge a one time payment of \$ \_\_\_\_\_  
 Setup automatic charge on due date for all future billing

Financial Institution Name \_\_\_\_\_

ABA Transit Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**If you would like to pay via Credit Card:**

Check One  Charge a one time payment of \$ \_\_\_\_\_  
 Setup automatic charge on due date for all future billing

Card Type  AMEX  MasterCard  Visa  Discover

Card's Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

By supplying this information and completing the transaction, I hereby authorize Dex Media West Inc. to initiate a debit against the above Account in the above amount to the above Account Number at the Financial Institution named above, and to debit the same to such Account. I acknowledge that the origination of direct debit transactions to my Account must comply with the provisions of U.S. law. (All payments are in U.S. dollars and from a U.S. Bank.) If you are electing to pay via direct debit please make sure the account information you provide is for payments to be made from a business account. If a business account is not available, you should consider an alternate payment method.

**Please Print Changes in Name or Address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for Change:  
 Change of Ownership  
 Other \_\_\_\_\_