

Account Number 650830063

Account Summary

Billing Date
July 8, 2012

Page 1 of 2

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Billing Questions and On-Line Payments:

Phone: 1-800-422-1234 Web: DexOneeBill.com



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Mail Payments To:

Dex Media West, Inc PO Box 79167 Phoenix, AZ 85062-9167



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



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

Current Amount Due	\$33.51
Taxes	0.56
Current Product Charges	32.95
Payments Received	-33.51
Previous Balance	33.51

Visit us at DexOneeBill.com. You can view invoices, receive invoices electronically, and make payments on-line.

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:
Date Due:
Current Amount Due:

650830063 July 26, 2012 \$33.51

Make checks payable to:

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

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





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Paym	ents
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Payments Received - Thank You Check 06/14/12 734 33.51 **Total Payments Received** \$33.51

Current Product Charges

Product	Product Duration	Activity Date	Description	Amount Due
Yuma -Yellow	03/09/12 - 03/08/13	07/01/12 - 07/31/12	Advertising Charge	32.95
Total Current Product Charges				\$32.95

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Total Taxes	\$0.56
Yuma -Yellow	0.56
Product	Tax Applied

Information from your business partner, Dex One

Advertising purchased in directories outside your local market may be viewed online at 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 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:		If you would	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 Financial Institution Name		Card Type	Check One Charge a one time payment of \$ Setup automatic charge on due date for all future billing Card Type AMEX MasterCard Visa Discover				
ABA Transit Routing Number		Card's Billing A				Zip	
Bank Account Number		Card Number					
Name on Bank Account		Expiration Date Name on Card					
Authorized Signature		Authorized Sign	nature				
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 Name Address City					Reason for Change: Change of Ownership Other	