



Account Number
650830063

Billing Date
January 8, 2013

Page 1 of 2



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



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
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

Date Due	January 26, 2013
Current Amount Due	\$33.51

Account Summary

Previous Balance	33.51
Payments Received	-33.51
Current Product Charges	32.95
Taxes	0.56

Current Amount Due **\$33.51**

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

Dex

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: **January 26, 2013**
Current Amount Due: **\$33.51**

Make checks
payable to:

1-1 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**



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Payments

Payments Received - Thank You			
Check	12/20/12	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	01/01/13 - 01/31/13	Advertising Charge	32.95
Total Current Product Charges				\$32.95



Taxes

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



-- 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 _____