

NATIONAL O&P FACILITY DIRECTORY INSERTION ORDER

This completed insertion order must be returned before your ad is posted online.

ENSURE YOUR FACILITIES ARE INCLUDED IN OUR NATIONAL DATABASE.

opedge.com/facilities – Where patients go to find an O&P provider.


\$40/month: Featured Listing

Westcoast Brace & Limb

5311 E Fletcher Ave
 Temple Terrace, FL 33617-1147, US
 Phone: (813) 985-5000
 Fax: (813) 985-4499

wcb.com gbauer@wcb.com

2.17 miles



Please provide the information below:

- Facility Name _____
- Address _____
- Phone _____
- Fax _____
- Logo (please email as a .jpg or .png file)
- Website _____
- Email _____
- Links to social media (please email links requested)

\$25/month: Standard Listing

Horizon Prosthetics, LLC

1724 Magestic Dr
 Lafayette, CO 80026, US
 Phone: (720) 549-9136
 Fax: (303) 593-3593

8.06 miles



Please provide the information below:

- Facility Name _____
- Address _____
- Phone _____
- Fax _____

Be included in the go-to industry resource for patients seeking an O&P provider in their area – opedge.com/facilities

BUSINESS CONTACT INFORMATION

Company Name _____

Person Placing Ad _____ Email _____

Billing Contact _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Business EIN _____

FORM OF PAYMENT

Credit Card (check one) Visa MasterCard AmEx PO# (if applicable) _____

Credit Card Number _____ Exp. Date _____

Name on Card _____ CVC# _____

AGREEMENT

1. This insertion order confirms that I have authorized the purchase of advertising space as described above. I understand this must be signed and returned and that my ad will not run until I receive confirmation that this form was received.
2. I authorize Western Media LLC to process payment against the above credit card, if provided.
3. Cancellation of all ads/contracts requires a 60-day written notice.
4. Facilities are billed monthly until further notice by owner. Price listed is monthly, per location.
5. In the event an action is brought to enforce the terms of or collect fees under this contract, Western Media LLC is entitled to all costs and expenses, including reasonable attorney's fees.

To be completed by EDGE Media Group:

Facility _____

Date Online _____

Signature _____ Date _____

INSTRUCTIONS: Save this form to your hard drive, then email it as an attachment to sales@opedge.com. Attach your logo file in JPG or PNG format, as well as requested social media links.