

Beta Reader Services Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Author Name: _____

Manuscript Name: _____

Genre: _____ Word Count: _____

Story rating: (circle one)

PG A story with no cussing, sex, or graphic violence

PG-13 A story with mild cussing (hell, damn), sexual tension, some violence

R A story with cussing, sex scenes, graphic violence

Why did you choose the above rating? _____

Briefly describe your story: (You may attach a one-page synopsis.)

Are you under a deadline? _____ Requested turnaround time: _____

Do you have any specific details you want feedback on? _____

Are you published? If yes, provide the name of your publisher. _____

The above information is true to the best of my knowledge and does not constitute a commitment by Integra Author Services. I understand that a quote will be provided based upon the above information.

Signature: _____

Date: _____