

### 5. Your Mix & Match Stickers:

Sticker #	Qty	Sticker #	Qty	Sticker #	Qty	Sticker #	Qty	Sticker #	Qty
1		13		25		37		49	
2		14		26		38		50	
3		15		27		39		51	
4		16		28		40		52	
5		17		29		41			
6		18		30		42			
7		19		31		43			
8		20		32		44			
9		21		33		45			
10		22		34		46			
11		23		35		47			
12		24		36		48			

**6. Sticker Price:**  
 1-19 rolls/packs \$5.99 each  
 20-49 " \$4.99 each  
 50-149 " \$3.99 each  
 150 & up " \$2.99 each

### 7. Your Other Products:

Item #	Qty	Description	Unit Price	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				

### Comments or Suggestions:

Personalized Product Subtotal (from opposite page) \$

Sticker Subtotal (from above) \$

**Order Subtotal** \$

GU, VI & PR add 15% \$

Shipping & Handling (see chart) \$

AK & HI add \$15.00 \$

Canada add \$23.00 \$

Nebraska Orders add sales tax \$

Catalog prices do not include sales tax.

**TOTAL** \$

**1. Billing Info:**

Company \_\_\_\_\_ Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Check/Money Order Enclosed  Bill Me (net 10 days)

Purchase Order # \_\_\_\_\_

Purchase Orders required for all orders shipped to Hospital address. Attach or fax original PO with this order form. Please do not send "Confirming" or "Duplicate" orders.

Visa  MasterCard  American Express  Discover

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

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

**2. Ship To:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

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

Street address and suite number required for FedEx delivery.

**3. Promo Code:**

Please enter code from yellow box on the back of this catalog.

\_\_\_\_\_

**Person to Contact** \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**E-mail** \_\_\_\_\_

Subscribe me to your E-mail Newsletter!

**4. Office Specialty** (Please check the appropriate box):

<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Hosp. - Peds	<input type="checkbox"/> General Dentist	<input type="checkbox"/> Bank
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Hosp. - ER	<input type="checkbox"/> Pedodontist	<input type="checkbox"/> Credit Union
<input type="checkbox"/> ENT	<input type="checkbox"/> Hosp. - Lab	<input type="checkbox"/> Orthodontist	<input type="checkbox"/> School
<input type="checkbox"/> Allergy/Asthma	<input type="checkbox"/> Hosp. - Radiology	<input type="checkbox"/> Health Dept/WIC	<input type="checkbox"/> Daycare
<input type="checkbox"/> Orthopedist	<input type="checkbox"/> Lab - non-hospital	<input type="checkbox"/> Nurse	<input type="checkbox"/> Dance/Gymnastics
<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Radiology - non-hospital	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Surgery	<input type="checkbox"/> Volunteer Svcs.	<input type="checkbox"/> OB/Maternity	<input type="checkbox"/> Other _____

**Same Day Shipping!** Order by 5 p.m. EST