

# NameBadge Order Form

Fax To: (707) 276-4913

**ORDERED BY:** (PLEASE PRINT)

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**SHIP TO:** (if different)

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**METHOD OF PAYMENT:**

Check Enclosed     Visa     MasterCard  
 CC # \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_  
 Name on Card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

*\* Prices listed are in US\$ and subject to change without notice.*

Bill Us (Payable on receipt)  
 (Available to current customers, or call for approval.)  
 Purchase Order #: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**ITEMS ORDERED:**

| Item # | Quantity | Description (Color) | Unit Price | Total |
|--------|----------|---------------------|------------|-------|
|        |          |                     |            |       |
|        |          |                     |            |       |
|        |          |                     |            |       |
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| <p><b>SPECIAL INSTRUCTIONS:</b></p> | <p style="text-align: center;"><b>SHIPPING/HANDLING &amp; INSURANCE:</b></p> <p><b>Regular Ground Shipping</b><br/>                 - Supplies Total (under \$250)    <b>\$10.00</b> <input type="checkbox"/><br/>                 - Supplies Total (\$251- \$395)    <b>\$15.00</b> <input type="checkbox"/><br/>                 - Supplies Total (over \$395)    <b>FREE</b> <input type="checkbox"/></p> <p><b>Expedited 3-Day Shipping</b><br/>                 - Supplies Total (under \$250)    <b>\$20.00</b> <input type="checkbox"/><br/>                 - Supplies Total (\$251- \$500)    <b>\$30.00</b> <input type="checkbox"/><br/>                 - Supplies Total (\$500 - \$1,000)    <b>\$40.00</b> <input type="checkbox"/></p> <p><b>Next Day/2-Day</b>    <b>call</b> <input type="checkbox"/></p> | <p>Supplies Total</p> <p>Shipping/Handling</p> <p>Total</p> <p><b>Date Required:</b><br/>                 _____</p> <p style="text-align: center;"><i>Thank you, we appreciate your business.</i></p> |
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**BrightMinds Badges**  
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