

You may email this form to: mprint@mercersburg.net

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|---|-----------------------|-----------|
| Name _____ | | |
| Street _____ | | |
| _____ | | |
| City _____ | State _____ | Zip _____ |
| Phone _____ | Fax _____ | |
| Credit Card Visa___ MC___ AMEX___ | E-mail _____ | |
| Card Number _____ | Security Code _____ | |
| Name on Card _____ | Expiration Date _____ | |
| Street # and Zip Code Card Statement is sent to _____ | | |
| Person placing the order _____ | | |

| Product Number& | Quantity | Description |
|-----------------|----------|-------------|
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If the product you are ordering is to be imprinted with your name or the name of your practice, please print the information below. You will receive a proof for your approval before printing. There is no charge for this service.

Imprint

A sales representative will contact you by phone or e-mail to confirm prices and payment method. We accept Visa, Mastercard, money order or check. If you are ordering from outside the U.S., please indicate "payable in U.S. funds" on a check drawn on a U.S. bank.

Thank you for your order.