



	Price per Directory	Quantity	Sub-total
ALL CUSTOMERS	\$35.00 each		\$
<i>If your organization is tax-exempt you must attach a copy of your tax-exempt certificate with your order form.</i>		7% Sales Tax	\$
Total Shipping Cost (see below)			\$
Sub-Total			\$
TOTAL ENCLOSED/CHARGE AMOUNT			\$

Payment method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Send me an invoice			
Credit Card Payment Information: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx			
Cardholder Name:			
Card Number:			
Expiration Date: /	Sec Code:	Billing Zip Code:	
Signature:			Date:

I authorize the Fort Wayne Medical Society to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Shipping & Handling:

- 1-2 Directories..... \$ 9.95
- 3-15 Directories \$15.95
- 16-17 Directories..... \$21.95
- 18-30 Directories..... \$29.95
- 31-32 Directories \$31.95
- 33-45 Directories..... \$36.95

_____ Call/email us when the directories are in and we will pick up our order.

Name, phone/email:

Customer Information:

Company Name: _____ Attention: _____

Email: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State _____ ZIP: _____

**Mail Order Form and Payment to:
Fort Wayne Medical Society-Directory Orders • 709 Clay St, Ste 101 Fort Wayne, IN 46802
or Email your order to: fortwaynemedicalsociety@fwms.org
Call 420-1011 if you have any questions regarding your order.**