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CUSTOMER NUMBER

PRIORITY CODE

10290

Date Of Order	Customer No.	Medical Forms			
Month Day Year	Prepare and include with my o Medicare Champ Blue Cross/Blue Shield				
F	Permanent Mailing Addr	ess			
Name					
Address					
(Not	e: To ensure prompt delivery, a street ac	ddress is required)			
City	State	Zip			
Shipping Address — If Different From Mailing Address					
Name					
Address					
(Not	te: To ensure prompt delivery, a street ac	Idress is required)			
City	State	Zip			

Stock Number	Color	Size	How Many	Description Of Item	Price Each	TOTAL	

Method Of Payment					
☐ Check/Money Order	☐ MasterCard	Discover			
☐ American Express	☐ Visa				
Credit Card Number Expiration Date Signature					
Your Daytime Phone No. Your e-mail address					

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Shipping And Handling			
MERCHA	ND	ISE TOTAL	PER ORDER
Up	То	\$25.00	\$8.95
\$25.01	То	\$50.00	\$9.95
\$50.01	То	\$75.00	\$11.95
0\ \$7!		ER F	REE!

	MERCHANDISE TOTAL			
SALES TAX: For all pleas				
SHIPPING A For all or				
ADDITIONA \$				
OPTIONAI ☐ 2-Day Air: \$30				
	TOTAL AMOUNT ENCLOSED			

- $\hfill \square$ Check here to receive a new catalog shipped free with your order.
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