

5. Your Mix & Match Stickers:

Sticker #	Qty	Sticker #	Qty	Sticker #	Qty	Sticker #	Qty
1		13		25		37	
2		14		26		38	
3		15		27		39	
4		16		28		40	
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:

1-4	rolls/packs	\$9.99 each
5-19	"	\$9.49 each
20-49	"	\$8.99 each
50-99	"	\$7.99 each
100 & up	"	\$6.99 each

Total quantity	
Price per unit	x
Sticker Subtotal	\$

7. Your Other Products:

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

Comments or Suggestions:

Shipping & Handling

Subtotal	Add to order
up to \$99.99	\$13.95
\$100.00 - \$149.99	\$15.95
\$150.00 - \$249.99	\$21.95
\$250.00 - \$399.99	\$26.95
\$400.00 and up	10% of order

UPS Ground in contiguous USA.
Additional charges apply in some areas and on special orders. Shipping and Handling are non-refundable.

Thank you for your order!

Same Day Shipping!
Order by 2 p.m. (Central)

MediBadge, Inc. currently collects applicable sales tax for the following states:
*AR, FL, GA, IA, IL, IN, KY, LA, MD, MI, MN, NC, NE, NJ, NV, OH, OK, PA, SD, UT, VA, WA, WI, WV

*Orders to these states 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:

3. Promo Code:

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

Name _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Street address and suite number required for UPS delivery.

Person to Contact _____

Phone () _____ Fax () _____

E-mail _____

☐ Subscribe me to your E-mail Newsletter!

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

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