

Fort Wayne Medical Society 2020 Pictorial Directory Order Form

Directories should be available January 2020

	<u>Price per Directory</u>	<u>Quantity</u>		<u>Sub-total</u>
FWMS/12 th District Members	\$25.00 each	_____		\$ _____
or Hospitals				
Other than above	\$35.00 each	_____		\$ _____

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

Name, phone/email _____

7% Sales tax on directories \$ _____

If your organization is "tax exempt" you must attach a copy of your "tax exempt" certificate with your order form.

Enter Total Shipping Cost (see below) \$ _____

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

Sub-Total \$ _____

Total Enclosed/Charge Amount \$ _____

Payment Method: Credit Card Check Cash Send me an invoice

For Credit Card Payments: Visa Mastercard Discover AmEx

Cardholder Name: _____ CC#: _____

Exp Date: ____/____/____ Sec. Code: _____ Billing Zip: _____

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.

Customer Information

Company Name: _____ Attn: _____

Email: _____ Phone: _____ Fax: _____

Address: _____

Mail Order Form and Payment to:

Fort Wayne Medical Society-Directory Orders

709 Clay St, Ste 101 Fort Wayne, In 46802

Fax your order to: 420-3714 or Email your order to: fortwaynemedicalsociety@fwms.org

Call 420-1011 if you have any questions regarding your order