order now | Fall2011

FAX TO 219-465-1356
For fastest service, submit order along with your state tax exempt certificate, if exempt. Exempt status may also be reported on Indiana form ST-105. Download it at www.dmifundraising.com/customerservice.

Bill To

Organization Name:	Organization Representative:	
Registered Organization Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Bookkeepers Name:	Bkkpr Phone:	Bkkpr Email:

Ship To

Person to Receive Shipment:	C/O:	
Address (no PO Boxes):		
City:	State:	Zip:
Phone:	Fax:	Email:
County:	Shipping location is: [ ] School [ ] Business [ ] Residence	

QUANTITY	ITEM/DESCRIPTION	PRICE	SUBTOTAL
		Order Total:	
		Tax:	
		Shipping:	
Requested Delivery Date:		Total:	

METHOD OF PAYMENT

Pre-pay **[ ] VISA** **[ ] MASTERCARD** **[ ] DISCOVER** **[ ] CHECK, NUMBER: _____**	**For Net 20 day credit terms:** **[ ] SEND BILL, SUBMIT ORDER FORM WITH A SCHOOL PURCHASE ORDER** **[ ] SEND BILL, SUBMIT ORDER FORM WITH A CREDIT APPLICATION**
Credit Card Number:	**Expiration Date:**
Name as Shown on Card:	**3-Digit CVC:**
Billing Address for Card: **City, ST:** **Zip:**	
Signature:	
For Payments by Check	
Routing Number (first 9-digits)	**Account Number:**
Name of Account:	**Name of Bank:**

For Office Use	**Source:**	**Rep:**

Thank you for your business!

(800) 628-5905
(219) 464-9956
(219) 465-1356 (fax)

AFRDS