

Scratch Card Order Form

Contact	
Organization's Name _____	
Contact Person _____	Title _____
Address _____	
City _____	State _____ Zip _____
Phone _____	FAX _____
Email _____	Website _____



Rates	
Check off Quantity.	
Quantity	2" x 3.5"
<input type="checkbox"/> 250	\$195
<input type="checkbox"/> 500	\$395
<input type="checkbox"/> 1,000	\$495
<input type="checkbox"/> 2,500	\$695
<input type="checkbox"/> 5,000	\$895
<input type="checkbox"/> 10,000	\$1,095
<input type="checkbox"/> 15,000	\$1,295
<input type="checkbox"/> 20,000	\$1,495

Prize Odds		The cards are printed with up to 6 prize levels. You determine the prize and quantity. Maximum of 15 characters per prize.
Prize 1: _____		Quantity _____
Prize 2: _____		_____
Prize 3: _____		_____
Prize 4: _____		_____
Prize 5: _____		_____
Prize 6: _____		_____

Total Cost	
All orders are paid in full prior to shipping. Orders will ship upon approval of payment.	
Fill in all that apply. Any Questions? Just Call 1-866-831-9902	
Quantity	_____
Cost	\$ _____
Design	\$ _____
Shipping	\$ _____
Tax 7% Only in Florida	\$ _____
TOTAL DUE	\$ _____

Payment Method	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check No: _____	
Credit Card No: _____	Verification Code _____
Expiration Date _____	
Card Holder Name _____	
Billing Address _____	
City _____	State _____ Zip _____
Authorized Signature _____	

Internal Use Only	
Date _____	Order _____
Sales Rep _____	Other _____

Authorized	Date
I agree to all terms and conditions of sale as presented on this form. No refunds.	
Authorized Signature _____	_____