

Scratch Card Order Form

Contact

Organization's Name _____

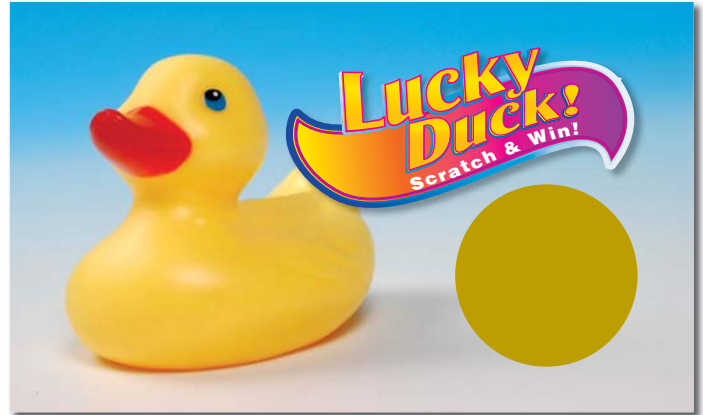
Contact Person _____ Title _____

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 | Quantity |
|-----------------------|----------|
| Prize 1: _____ | _____ |
| 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

Visa MasterCard American Express Check No: _____

Credit Card No: _____

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 _____