

Scratch Card Order Form

Contact

Organization's Name _____

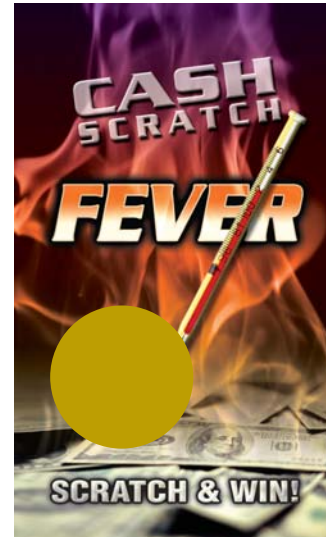
Contact Person _____ Title _____

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 _____