

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: _____	Quantity _____
Prize 3: _____	Quantity _____
Prize 4: _____	Quantity _____
Prize 5: _____	Quantity _____
Prize 6: _____	Quantity _____

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:	_____
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	_____