

5. Your Mix & Match Stickers:						
Sticker #	Qty	Sticker #	Qty	Sticker #	Qty	Sticker #
1		13		25		37
2		14		26		38
3		15		27		39
4		16		28		40
5		17		29		41
6		18		30		42
7		19		31		43
8		20		32		44
9		21		33		45
10		22		34		46
11		23		35		47
12		24		36		48

6. Sticker Price:	
1-4 rolls/packs	\$8.99 each
5-19 "	\$8.49 each
20-49 "	\$7.99 each
50-99 "	\$6.99 each
100 & up "	\$5.99 each
Total quantity	
Price per unit	x
Sticker Subtotal	\$

7. Your Other Products:		
Item #	Qty	Description
1		
2		
3		
4		
5		
6		
7		
8		
9		

Shipping & Handling	
Subtotal	Add to order
up to \$99.99	\$13.95
\$100.00 - \$149.99	\$15.95
\$150.00 - \$249.99	\$21.95
\$250.00 - \$399.99	\$26.95
\$400.00 and up	10% of order

Comments or Suggestions:	

Personalized Product Subtotal (from opposite page)	
Sticker Subtotal (from above)	\$
Order Subtotal	\$
GU, VI & PR add 15%	\$
Shipping & Handling (see chart)	\$
AK & HI add \$20.00	\$
Canada add \$23.00	\$
*Orders to these states add sales tax.	\$
Catalog prices do not include sales tax.	\$
TOTAL	\$

MediBadge, Inc. currently collects applicable sales tax for the following states:
 *AR, FL, GA, IA, IL, IN, KY, LA, MD, MI, MN, NC, NE, NJ, NY, OK, PA, SD, UT, VA, WA, WI, WV

Same Day Shipping!
 Order by 3 p.m. EST

Thank you for your order!

1. Billing Info: Contact Name _____

Company _____ P.O. Box _____

Street Address _____ State _____ Zip _____

City _____ Fax () _____

Phone () _____

Check/Money Order Enclosed Bill Me (net 10 days)

Purchase Order # _____

Purchase Orders required for all orders shipped to Hospital address. Attach or fax original PO with this order form. Please do not send "Confirming" or "Duplicate" orders.

Visa MasterCard American Express Discover

Credit Card Number _____ Exp. Date _____

Signature _____

Name on Card _____

2. Ship To:

Name _____ P.O. Box _____

Street Address _____ State _____ Zip _____

City _____

Street address and suite number required for UPS delivery.

Person to Contact _____

Phone () _____ Fax () _____

E-mail _____

Subscribe me to your E-mail Newsletter!

3. Promo Code:

Please enter code from yellow box on the back of this catalog

4. Office Specialty (Please check the appropriate box):

<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Hosp. - Peds	<input type="checkbox"/> General Dentist	<input type="checkbox"/> Bank
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Hosp. - ER	<input type="checkbox"/> Pododontist	<input type="checkbox"/> Credit Union
<input type="checkbox"/> ENT	<input type="checkbox"/> Hosp. - Lab	<input type="checkbox"/> Orthodontist	<input type="checkbox"/> School
<input type="checkbox"/> Allergy/Asthma	<input type="checkbox"/> Hosp. - Radiology	<input type="checkbox"/> Health Dept/WIC	<input type="checkbox"/> Daycare
<input type="checkbox"/> Orthopedist	<input type="checkbox"/> Lab - non-hospital	<input type="checkbox"/> Nurse	<input type="checkbox"/> Dance/Gymnastics
<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Radiology - non-hospital	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Surgery	<input type="checkbox"/> Volunteer Svcs.	<input type="checkbox"/> OB/Maternity	<input type="checkbox"/> Other _____