Supply Order Form 1142

AMBUCS™ P.O. Box 5127 ■ High Point,NC 27262
Tel (336) 869-2166 ■ Fax (336) 887-8451
www.ambucs.org

ORDERED BY

Date _____

Name _____

Chapter _____

Phone _____

Need by _____

SHIP TO

Name _____

c/o _____

Street _____

City/St/Zip _____

Note: We cannot ship to a PO Box.

QTY	ITEM NO.	ITEM DESCRIPTION	PRICE EA.	TOTAL
			SUB	
			Shipping	
			TOTAL	

PAYMENT

Bill ❑ Member ❑ Chapter ❑ District

Prepaid ❑ Check or Money Order enclosed

Charge ❑ VISA ❑ MasterCard ❑ American Express

Card # _____

Expiration Date _____

Signature _____

If subtotal is:	Add:
Under $10.01	$5.25
$10.01–20.00	$7.00
$20.01–25.00	$9.00
$25.01–35.00	$12.00
$35.01–50.00	$15.00
$50.01–75.00	$18.00
$75.01-100.00	$20.00
Over $100	$25.00

❑ Rush delivery