CORPORATE PRESENCE 2002 ORDER FORM

ORDERED BY:

Name: _____

Company: _____

Address: _____

_____

Phone: _____

Fax: _____

E-mail: _____

Delivery Date: _____ /_____ /2002

SHIP TO:

Name: _____

Company: _____

Address: _____

_____

Phone: _____

Shipping Instructions: *check only one*

Individual Shipments _____
Bulk Shipments _____
Split Shipments _____
(ship bulk and individually)

ENSEMBLE DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
Wrap 'n Totes Ensemble		$17.95	
Total Price of Items			
Less Discount (see back)			
Shipping & Handling			
Personalizing Fees			
SUBTOTAL			$
Shipments in MA; add 5% Tax			
TOTAL DUE			$

Method of payment: *Please check one:*

☐ VISA ☐ MasterCard ☐ AMEX ☐ Check or Money Order
payable to:
McLaughlin Paper Co., Inc.
PO Box 147
West Springfield, MA 01090-0147

Expiration Date:
Signature_____