

YEAR PUBLISHED

A. Customer Information (Please print or type)

Attention Name:							
Firm/Company Name:							
Complete Street Address (include Apt/Ste #), PO Box or Rural Route Box:							
City or Post Office:	State:	ZIP+4® Code:					
Foreign Country Name (When Applicable):	Phone Number:						

B. Ordering Instructions

1. Enter the published year of the directory you wish to order. This will be either the current or upcoming year.

Please be advised if you are ordering directories for the upcoming year (e.g., ordering 2004 in the year 2003), the directories will not be shipped until approximately January or February of the publishing year. Directories ordered for the current year will be shipped approximately two (2) weeks from the date the order is received.

2. Enter the quantity of Five-Digit ZIP Code[®] directories desired in the blocks below. Multiply by the prices shown and enter the purchase amount(s).

		QUANTITY		COST		PURCHASE AMOUNT		
	a. Soft-Bound (1 set)		Х	\$ 31.00	=	\$		
	b. Cases (8 sets per case)		Х	\$ 248.00	=	\$	TOTAL PURCHASE AMOUNT	
3.	Add the purchase amounts in block 2a	and 2b and enter th	ne sum	here. –			\$	
4.	You may claim a maximum discount of cover of out-of-date National Five-Digit 2 more coupons than the number of direc enclosed coupons by 1 (one) and enter	ZIP Code and Post (tories you are order	Office [.]	Directories. ((Do n	ot send	DISCOUNT SUBTOTAL	
5.	Subtract the discount in step 4 from the subtotal here.	purchase amount i	in step	3 and enter	the		\$ EXPRESS MAIL	
6.	For faster delivery, we offer Express Mail [®] shipping (optional). For pricing call AMOUNT DUE							
7.	Add the Express Mail cost in step 6 to a Returned checks will incur a \$25.00 fee		5 and	enter the an	nount	t here.	\$	
8.	Indicate the method of payment in the box provided and mail this form with your payment and coupon(s) to:							
	ACCOUNTS RECEIVABLE NATIONAL CUSTOMER SUPPORT CE UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001	Order DVisa	MasterCard an Express					

Note: Copies reproduced from this form may be used for ordering additional directories. The directories will generally be filled within two weeks after the order has been received and processed. However, additional time may be required during certain periods. Prices subject to change without prior notice. Customers who need assistance may call 1-800-238-3150.

Fax: 901-681-4409

Authorized Personnel (please print)	

Card expiration date: _

Signature

The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.

T.I.N.:

 For USPS Use:
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