DISCOUNT ORDER FORM

Shipping Address

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

❑ I am a health care professional. *Indicate profession* _____

❑ Check or Money Order Enclosed Check Number _____

❑ Master Card ❑ Visa ❑ Discover ❑ American Express

Credit Card Account Number

Expiration Date _____ Issuing Bank _____

Signature *(required for credit card purchases)* _____

Name On Account *(please print)* _____

Item	Code Number	Quantity	Unit Price	Item Total
			Subtotal	
Choose ONE **SUBTRACT DISCOUNT**			*3 to 14 items take 10% off or take 20% off when purchasing a comprehensive program alone or with other items up to 14 or 15 items or more 40% off*	
			7.25% Sales Tax for California Deliveries	
			Shipping and Handling*	
			Total	

All products carry an Unconditional Garantee (return items within 30 days for a full exchange or refund, less shipping)

*Shipping and Handling *Please check the preferred shipping method for your destination and enter price. Please prepare a seperate order form for each destination. For next day delivery, please order by 11:00 AM PST*

Merchandise Total	Domestic			Canada	Other International	
	Standard *(5-9 Bus. Days)*	Rush *(1-2 Bus. Days)*	Next Day		Surface	Air
Up to $20.00	❑ $4.95	❑ $6.50	❑ $9.50	❑ $6.00	❑ $8.00	❑ $17.00
$20.01 to $75.00	❑ $5.95	❑ $7.50	❑ $10.50	❑ $9.00	❑ $11.00	❑ $25.00
over $75.00	❑ $6.95	❑ $8.50	❑ $11.50	❑ $11.00	❑ $21.00	❑ $33.00

NOTE: Actual packaging of some products may differ from that shown in the catalog. Prices subject to change without notice.

Source
131 East Placer St.
P.O. Box 6028
Auburn, CA 95604

Order by Mail, Phone, Fax or on the Web!

Phone 800-52-TAPES (800-528-2737)
Fax 800-882-1840
Web www.DrMiller.com