



CARD ORDER FORM

Step 1- Contact Joe Mansi to get Member ID and Group# at 631-297-8160.

Step 2- Fax order form to: 516-686-0133.



Your Name: _____ Email to send Proof: _____

Member ID#: _____ Group#: _____ Phone#: _____

Printing Prices for Drug Cards: Round Corners

Choose: 1,000 Cards \$59 2,500 Cards \$92 5,000 Cards \$134 10,000 Cards \$220 25,000 Cards \$425 50,000 Cards \$730 100,000 Cards \$1,225

Shipping and handling charges (not included) will be according to zip code and will be indicated with proof

Shipping Address (No PO Boxes): _____
City: _____ State: _____ Zip: _____

To Pay By Credit or Debit Card (Must have Visa/MC logo) Fill In All Fields Below:

Credit Card: Master Card Visa AMEX

Credit Card #: _____ Expiration Date: _____ Verification Code: _____

Billing Address: _____

Name on Credit Card: _____ Signature: _____ Date: _____

Phone: 1-877-868-4084

