THE NICU SERIES

Product Order Form

Quantity	Item	Item #	Price Each	Total
			SUBTOTAL	
DISCOUNTS: If your subtotal equals $100-$249 = Take a **10% Discount** / $250-$499 = Take a **15% Discount** / Over $500 = Take a **20% Discount**				
SALES TAX (Minnesota Only: add 6.5%) or Minnesota Resale #_____; OTHER STATES = .00				
SHIPPING & HANDLING: (FOR SHIPPING OUTSIDE OF THE UNITED STATES, PLEASE MULTIPLY LISTED RATE BY 1.5.) Under $10—**$2.50**; $10.01-$25—**$5.00**; $25.01-100—**$8.00**; $100.01-200—**$11.00**; $200.01-300—**$15.00**; Over $300.01—**5% of sale**				
			TOTAL DUE	

SHIP TO:

Name _____

Address _____

City _____ State _____ Zip _____

If a hospital is placing this order, what department will be using these materials? _____

For future mailings, please name a contact person in that department interested in our materials _____

PAYMENT METHOD:

____Check (Payable to "A Place To Remember") OR ____Mastercard ____Visa ____Discover/Novus ____ American Express

Card Number _____ Exp. Date _____

____Bill Me (Business Only) Purchase Order No. _____ Phone # of Accounting Dept. _____

BILL TO (IF DIFFERENT FROM ABOVE):

Name _____

Address _____

City _____ State _____ Zip _____

A PLACE TO REMEMBER, 1885 University Avenue, Suite 110, Saint Paul, Minnesota 55104
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