Order Form

PRISM MARKETING

BILL TO:(fill in only if different "SHIP TO")

ATTENTION_____

COMPANY NAME _____

ADDRESS _____

CITY_____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____

E-MAIL _____

SHIP TO:

ATTENTION_____

COMPANY NAME _____

ADDRESS _____

CITY_____ STATE _____ ZIP CODE _____

FAX (____) _____

WEB SITE _____

PLEASE SEND ME

PRODUCT NUMBER	QTY.	DESCRIPTION	TOTAL AMOUNT

EXTRA CHARGES	
SUB-TOTAL	
UPS DELIVERY	
Georgia State Sales Tax	
TOTAL	

PAYMENT OPTION

☐ Please bill my: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Account No. Exp. Date

X_____
Authorized Signature

☐ Bill me later, we have an account with Prism

MAILING LIST INFORMATION:

☐ I will email my mailing list to you. The name of the file is:_____

☐ I want to rent a mailing list. My mailing list requirements are:

- ☐ Single family residence
- ☐ Multi family residence
- ☐ Annual income (Please specify amount) _____
- ☐ Length of residence (Please specify length of residence)_____ years.
- ☐ Age of home (Please specify age)_____ years.

☐ I plan on mailing myself. Ship to postcards to the Ship to address above.

INDICATE SHIPPING METHOD:

☐ UPS GROUND
☐ UPS NDA

1954 Airport Road Suite 210 Atlanta, GA 30341 800-358-7776 Fax 800-929-5482