



OFFICE MOVING BILL OF LADING ORDER FORM

DISCOUNTED

DESCRIPTION	QTY	PRICE	MEMBER PRICE	ORDER QUANTITY	TOTAL
NON-IMPRINTED	100	\$90.00	\$50.00		
PROOF CHARGE	1	\$40.00	\$30.00		
IMPRINTED	500	\$385.00	\$190.00		
	1,000	\$550.00	\$280.00		
CONSECUTIVE NUMBERING (ADDITIONAL)	Up to 1,000	\$45.00	\$25.00		
	1,001 to 2,000	\$70.00	\$35.00		
FIRST ADDT'L ADDRESS	1	\$40	\$20.00		
EACH ADDT'L ADDRESS AFTER THE 2ND ADDRESS	1	\$20	\$10.00		
GRAND TOTAL:					

IMPRINT INFORMATION (PLEASE TYPE—FOUR LINE MAXIMUM. If printing more than one address on form, be sure to include additional charges as listed above.)

NAME: _____ PERMIT: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____ PHONE: _____
 STARTING #: _____

SHIPPING INFO	PRE-PAYMENT REQ'D
COMPANY:	NAME ON CARD:
ATTN:	CARD #:
ADDRESS:	EXP: CVV:
CITY/STATE/ZIP:	BILLING ADDRESS:
PHONE:	CITY/STATE/ZIP:
INDICATE TYPE OF SHIPPING ADDRESS: RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>	MAKE CHECKS PAYABLE TO: CMSA

**MAIL THIS FORM TO: CMSA, 10900 E. 183RD ST., STE. 300, CERRITOS, CA 90703
 OR FAX TO: (562) 865-2944. Call (562) 865-2900 for questions.**

Orders with imprinting may take up to 8-9 weeks to be delivered.