

+ Yes! I would Like to Order MyPRO™ Medical – Health Records Organizers (PLEASE PRINT)

Name _____

Shipping Address _____

City, State and Zip _____

Telephone Number _____

Personalized Nameplate

Organizer Color (Check Only One): Black Dark Brown Blue Maroon Tan

(This will be the name that is printed on the Organizer. Limited to 18 characters. Leave a space between first and last name.)

First Organizer @ \$34.95 Each \$ _____
*Additional Organizers @ \$29.95 Each \$ _____
Shipping and Handling: (5 lbs) \$6.95 Per Copy \$ _____
Tax: 8.25% for Texas Shipments \$ _____
TOTAL ENCLOSED: \$ _____

***See Attachment
for Quantities of 2 or More.**
NOTE: This form **must** be completed when
ordering 2 or more Organizers.

Please Make Cashier's Check or Money Order Payable to ORGANIZED RECORDS, INC. Send Payment and Order Form To:

ORGANIZED RECORDS, INC.
P.O. Box 1598
512 South Louisiana Street
Celina, Texas 75009

OR ORDER ONLINE: www.OrganizedRecords.com
PHONE ORDERS: **1-866-663-3400** Monday – Friday: **10:00 A.M. - 3:00 P.M. CST**
FAX ORDERS: **1-972-382-8822**

+ Credit Card Information (PLEASE PRINT)

NOTE: We accept Visa, Mastercard, American Express and Discover.

Card Number

Credit Card Expiration Date Month _____ Year _____

Three Digit Security Number (on back of credit card)

Name As Printed on Card _____

Credit Card Billing Address (if different from above) _____

Signature _____ Date _____

MyPRO™ Medical Order Form

Quantities of 2 or More

NOTE: This form **must** be completed when ordering 2 or more Organizers.

+ Yes! I would Like to Order 2 or More MyPRO™ Medical – Health Records Organizers (PLEASE PRINT)

Name _____

Shipping Address _____

City, State and Zip _____

Telephone Number _____

PLEASE PRINT CLEARLY

Additional Personalized Nameplate

Organizer Color (Check Only One):

Black Dark Brown Blue Maroon Tan

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Organizer Color (Check Only One):

Black Dark Brown Blue Maroon Tan

If more room is needed, please make copies of this form and attach to original.

Signature _____ **Date** _____