

Business West HCN

Reprint Order Form

Date: _____

Company _____

Requested By _____

Address _____

Phone _____ Fax _____

City _____ State _____ Zip _____

Email _____

Agency/Billing _____

A/P Contact _____

Address _____

Phone _____ Fax _____

City _____ State _____ Zip _____

Email _____

REPRINT OPTIONS

PRICE

DESCRIPTION OF REPRINT

- | | | |
|---|-------|----------------------------------|
| <input type="checkbox"/> Emailed 8.5"x11" PDF Reprint | \$50 | Title: _____ |
| <input type="checkbox"/> Framed 14"x18" Reprint | \$100 | _____ |
| <input type="checkbox"/> Framed 18"x24" Reprint | \$150 | Publication & Date: _____ |
| | | Page Number (if possible): _____ |

METHOD OF PAYMENT

Bill Me (address noted above) _____

Bill My Company (specify ATTN:) _____

Credit Card: AMEX Discover Mastercard Visa PayPal Comp. Bill Me

Card #: _____ 3-Digit Card Security Code: _____

Expiration Date: _____ Amount Charged to Card: _____

Name on Card: _____

**FOR
OFFICE
USE
ONLY**

- Invoice Mailed (Invoice #) _____
- Payment Processed / Received _____
- Reprint Completed and Sent to Client (Date) _____