

# VIDEO PRESS ORDER FORM

**Please fill out completely:**

Type of Organization: \_\_\_ Nsg Home \_\_\_ Hospital \_\_\_ VA Center \_\_\_\_\_ Other  
(Specify)

E-Mail Address \_\_\_\_\_

## **METHOD OF PAYMENT**

Purchase Order Number: \_\_\_\_\_ Please circle choice: **AMX** **M/C** **Visa**  
Card #: \_\_\_\_\_ Last three digits on back of Card: \_\_\_\_\_

Signature \_\_\_\_\_ Exp Date: \_\_\_\_\_

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Please circle choice: Rental Purchase Date Requested: \_\_\_\_\_  
(Please allow 4 weeks upon receipt of order)

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Tape Title Quantity Amount

Tape Title	Quantity	Amount

Next Day Air ( \$25 extra per tape)  
2nd Day Air (\$15 extra per tape)

Subtotal: \_\_\_\_\_  
Air Charges: \_\_\_\_\_  
Total: \_\_\_\_\_

## **SHIP TO:**

Company Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_

## **BILL TO** (if different from ship to):

Company Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Make Check Payable to:** Video Press-UMB

**MAIL ORDER TO:** UMB Video Press/ 100 N. Greene Street/ Suite 300/ Baltimore, MD 21201

**FAX ORDER TO:** (410) 706-8471 **PHONE ORDER TO:** 800-328-7450 / 410-706-5497

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*VIDEO PRESS USE ONLY - DO NOT WRITE BELOW THIS LINE*

DATE ORDER RECEIVED: \_\_\_\_\_ VIDEO PRESS ORDER NO: \_\_\_\_\_