ORDER FORM

Professional Label, Inc.

www.professionallabel.com 3415 Olandwood Court Olney, Maryland 20832

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prolabel@msn.com

BILL TO:	S	SHIP TO:				
Firm Name		Firm Name				
ATTENTION Street Address		ATTENTION Street Address				
						City State
IMPORTANT: Please include yo						
Email Description				,	TOTAL	
Quantity Description	Jii/iteiii #		Office	Tice	IOIAL	
		SUBTOTAL			\$	
MD Res. Add 6% TA			l 6% TAX	\$		
	_	Shipping TOTAL			\$	
					\$	
AYMENT METHOD	<u>-</u>		9	TOTAL		

Account Number Expiration Date Cardholder's Signature Print Name

Shipping by:

Ground

2nd Day

Next Day

AMERICAN EXPRESS

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MASTERCARD

Check or Money Order

VISA VISA