

## Gift Pack Order Form

## **Step 1: Your Account Information (Please print)**

Bill To:	Ship	o to:   Check he	ere if shipping address is sa	nme as billing address.
Company	Co	ompany		
Attention	At	tention		
Address				
City	Ci	ty		_
StateZip			Zip	
Telephone ( )	Te	elephone (	)	
(Required to process your of Fax ( )		ax ()_	(Required to	process your order)
	Т	his Shippi <u>ng</u>		
Step 2: Your Order Note: 0		□В	Address is a: usiness □ Residenc nimum quantities	
Step 2: Your Order Note: O		□В	usiness   Residenc	
	Gift packs are	e sold in mi	usiness □ Residenc nimum quantities	of 25 sets
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## Step 3: Submit Your Order

Fax to: (603) 644-7157

Mail to: 55 South Commercial Street, Manchester, NH 03101

Call: Toll-free (800) 752-7836 Monday - Friday, 8:00 am - 5:00 pm, ET

Email: info@plastifoam.com

**Important shipping note:** After we receive your order, we will contact you to determine the best method of shipping, based on the quantity ordered and your location. Final billing will take place at that time and you may charge the order to your Visa or MasterCard.