

Customer Order Form

Description	Quantity	Unit Price	Total
<i>Beneficiary Directory</i>		\$21.95 ea.	\$
Subtotal			\$
Tax (MA residents add 6.25%, \$1.37 ea.)			\$
Shipping and Handling (Within the Continental U.S., add \$4.50 ea.)*			\$
Total			\$

Billing Address

Please print. To ensure successful processing of your order, please be sure that the billing address you enter matches the billing address of the credit card you're using.

Method of Payment

- Please note: All sales are final, no refunds.*
- Check enclosed (payable to Beneficiary Directory)
 - MasterCard
 - Visa
 - American Express

Name as It Appears on Card _____

Billing Address _____

City _____ State _____ ZIP/Postal Code _____

Telephone _____ e-mail _____

Card Number _____

Expiration Date _____ Security Code _____

Shipping Address *(Please provide if different from billing address.)*

The undersigned purchaser certifies that he or she has read and understands all of the terms and conditions on this invoice. All the terms and conditions are part of this sales order, which shall constitute a contract between parties, and there are no expressed or implied warranties, modifications, or performance guarantees other than expressly stated herein.

Cardholder's Signature _____ Date _____

Please fax your completed form to (508) 647-0845 or mail with payment to:
Beneficiary Directory
182 West Central Street,
Suite 200
Natick, MA 01760

*For orders to be shipped outside the continental United States, bulk orders at special quantity pricing, or for more information, please contact us.

Telephone: (508) 647-0830
E-mail: info@BeneficiaryDirectory.com
Website: www.BeneficiaryDirectory.com