

# ORDER FORM

CUSTOMER NO.

To expedite your order, please put your customer order number here.

<b>Bill To:</b>		
Name (or Practice / Company)		
Name (or Practice / Company)		
Address		
City	State	Zip
Ordered by	E-mail Address ( )	
Practice Specialty/Type of Business	Daytime Phone	
If not a current customer, how did you hear of us?		Date

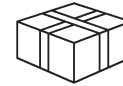
Fill in below, only if different from Billing address. Ground and air shipments other than USPS require a street address.

<b>Ship To:</b>		
Name (or Practice / Company)		
Name (or Practice / Company)		
Address		
City ( )	State	Zip
Daytime Phone		



## ASSISTANCE

**Call** our toll-free number  
(800) BIBBERO (800 242-2376)  
Monday thru Friday, 6:00 - 5:00 (PT)  
**Web:** www.bibbero.com  
**Email** to: info@bibbero.com  
or complete this form and  
**FAX** to: (800) 242-9330 (24 hours daily)  
or **Mail** to: **BIBBERO SYSTEMS, INC.**  
1300 N. McDowell Blvd.  
Petaluma, CA 94954-1180



## SHIPPING

Stock orders received by 3:00 pm (ET) are normally shipped the same day. Custom printed orders normally leave our plant in 10 - 20 working days after proof approval. Check catalog description for applicable processing time or call us for more information. Allow additional transit time.



## REMEMBER...

We also have a wide variety of other supplies for your business. Please check the boxes below to learn more about our other products.

- Folders
- Dividers
- Labels
- Stationery/Business Envelopes
- Filing Cabinets

**BILL ME LATER**  
**- REPEAT CUSTOMERS ONLY**

All new customers are required to pay for orders in advance. Payment can be in the form of credit card or check. Bill me later including applicable sales tax (CA, FL, GA, NC, OH & SC) and freight charges. I understand payment is due upon receipt of merchandise. Orders over \$5,000.00 require pre-payment or credit application on initial order.

**CHECK ENCLOSED**

Check for \$ \_\_\_\_\_ enclosed. U.S. funds only. CA, FL, GA, NC, OH & SC Residents include applicable sales tax.

**CHARGE MY CREDIT CARD** Please charge my account including applicable sales tax (CA, FL, GA, NC, OH & SC) and freight charges.

Account #

Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Street #: \_\_\_\_\_ Cardholder Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

- Ok to keep my card on file for future use only upon my approval.
- Ok to keep my card on file to charge all future invoices.



