

AAADM DAILY SAFETY CHECK VIDEO TAPES

PRICE TOTAL \$

Prices Subject To Change

\$12.50 ea. \$ _____

INSPECTION CHECKLIST - LAMINATED

\$5.00 ea. \$ _____

SAFETY LABELS

\$0.12 ea. \$ _____

INSPECTION FORM PACKETS - 50 Duplicate Sets Per Pack

\$6.00 ea. \$ _____

COMPLIANCE INSP. STICKER (AAADM-2849) COMPLIANCE INSP. STICKER - LOW ENERGY (AAADM-3047)

\$0.18 ea. \$ _____

DISKETTE "AAADM Certified Inspector" Logo *(If neither specified, PC format shipped)

\$6.00 ea. \$ _____

SOLD ONLY TO CERTIFIED INSPECTORS.

Subtotal \$ _____

PROVIDE VALID DIPLOMA OR COMPANY CERTIFICATE NUMBER: # _____

Shipping (from below) \$ _____

**Sales Tax for Ohio Residents, if applicable, on entire order \$ _____

TOTAL \$ _____

Prices Subject To Change.

PRE-PAYMENT IS REQUIRED ON ALL ORDERS.

ENCLOSE CHECK OR MONEY ORDER MADE PAYABLE TO AAADM OR ADVISE CREDIT CARD NUMBER.

*** *Please Note: Ohio residents must include state sales tax based on the county rate of where the items are to be shipped.**

County _____ Rate _____ %

IF TAX EXEMPT, PLEASE INCLUDE EXEMPTION CERTIFICATE.

Shipment via UPS Ground, unless otherwise specified and paid for.

DOMESTIC SHIPPING CHARGES: [Additional shipping added for overseas orders; contact AAADM for amount.]

<u>Order Total</u>	<u>Domestic Shipping & Handling</u>
Under \$10.00	\$5.00
\$10.00 - \$49.99	\$8.95
\$50.00 - \$99.99	\$12.95
\$100.00 - \$149.99	\$15.95
\$150.00 or more	\$18.95

If actual shipping charge exceeds the amount shown, we will charge the difference to the credit card number provided. If you paid for your order by check, you will be invoiced for the difference. Allow 7-10 days for deliver of in-stock publications. Express deliver (3-5 days) is available. Please provide Federal Express or UPS account # if you would like express delivery.

Fed Ex _____

UPS _____

PRE-PAYMENT IS REQUIRED ON ALL ORDERS.

ENCLOSE CHECK OR MONEY ORDER MADE PAYABLE TO AAADM. IF PAYING BY CREDIT CARD:

TYPE OF CARD: VISA MASTERCARD AM EX

CARD # _____

EXP. DATE _____ 3 -OR- 4 DIGIT SECURITY CODE # _____

NAME ON CARD _____

SIGNATURE _____

SHIPPING ADDRESS: [PLEASE TYPE OR PRINT]

NAME _____

COMPANY _____

STREET ADDRESS (NOT PO BOX) _____

CITY, STATE, ZIP _____

AREA CODE & TELEPHONE _____ FAX _____

BILLING ADDRESS: [IF DIFFERENCE FROM SHIPPING ADDRESS. PLEASE TYPE OR PRINT]

NAME _____

COMPANY _____

STREET ADDRESS OR PO BOX # _____

CITY, STATE, ZIP _____

AREA CODE & TELEPHONE _____ FAX _____