

Date \_\_\_\_\_



# HOLIDAY MAILER

FOR ACTIVE SINGER CLIENTS  
COMPLETE AND FAX THIS ORDER FORM TO  
**(724) 684-6442**

Each set includes: one card (**blank inside**) with envelope and one gift certificate for your patients to give to friends or relatives.

## THROUGH OCT. 31ST

100 sets \$139.00  
200 sets \$198.00  
500 sets \$395.00

## AFTER OCT. 31ST

100 sets \$149.00  
200 sets \$208.00  
500 sets \$415.00

## OPTIONAL

**PATIENT FLYERS:** *(Explains program to patients, help them track referrals)*

\$28.00/100 with holiday mailer purchase

**REFERRAL LETTERS** *(Explains program to referral, entices them to use certificate)*

\$14.00/100 with holiday mailer purchase

**HOLIDAY POSTER** 1 Free with order. Additional \$8.00 each

	Quantity	Total
Holiday Mailers	_____	_____
Patient Flyers	_____	_____
Referral Letters	_____	_____
Holiday Posters	_____	_____
	Sub-Total	_____
	Shipping	_____
	Total \$	_____

## CARD DESIGN

☐ GIFTS UNDER TREE

☐ SNOWMEN

## INSIDE OF THE CARD BLANK STANDARD

☐ ADD MESSAGE INSIDE CARD

## REFERRAL LETTER

☐ STANDARD

☐ WITH WEIGHT LOSS

## GIFT CERTIFICATE INFORMATION (PLEASE PRINT NEATLY)

Clinic Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address for proofing purposes: \_\_\_\_\_

Dollar Value of Service \_\_\_\_\_ Expiration Date \_\_\_\_\_

State Disclaimer Needed?: ☐ Yes ☐ No

Medicare rules apply Needed?: ☐ Yes ☐ No

Certificate Applies To \_\_\_\_\_

All information above is correct. I understand that I am responsible for its accuracy and legibility. The Doctor has the right to cancel the order and receive full payment within 72 hours of placing this order. Cancellations after proof approval will not be accepted. There will be no refunds for cancelled jobs after the 72 hour period. A credit will be issued to your account for future purchases of either stock or imprinted items.

I will be paying for this by:

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover ☐ Check # \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ CCS Code \_\_\_\_\_

Out on Proof \_\_\_\_\_ Revisions \_\_\_\_\_ ☐ OK TO PRINT \_\_\_\_\_