



Diabetes Monthly Program Order Form

\$1.00 @ letter, 1,000 pieces minimum

Increments of 1,000 pcs up to 20,000 pcs

_____ **Quantity Ordered**

Choose: _____ Letter 1 _____ Letter 2 _____ Letter 3 _____ Regular Monthly Mailing

Mailing Contact Information:

Name: _____

Company: _____

Address: _____ Ste _____

City: _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Order payment is via secure Intuit Bank to Bank processing.
Please **FAX** your order information to 585-377-0763

Bank Routing: _____

Bank Account: _____

I acknowledge the purchase of this mailing service:

Signature: _____ (Required)

Printed Name: _____ Date: _____
(Ordered by)

Or call Trina Selby at 585-377-0750 x 2 8:30 am to 5:00 pm EST
to provide payment information over the phone.

Credit card or Paypal payments incur a handling fee of 3.5% of the order total.
Contact us by email at: **HYDDirect@selbymarketing.com**