

Ohio Association of Movers
 21 East State Street, Suite 900
 Columbus, Ohio 43215
 614.225.1031 / 614.221.3717 (fax)
sam@ohiotrucking.org

Supply Order Form



Printing and Shipping Information:

Company Name: _____

Address: _____

City, State Zip Code: _____

Phone Number (_____) _____ Fax Number (_____) _____

P.U.C.O. Number: _____ Starting Number: _____

Contact Name: _____

Item #	Product Name	Unit of Measure	Price	Quantity	Total
945	Bill of Lading	100	\$145.00		
945-I	Bill of Lading - Imprinted	500	\$215.00		
946	Non Binding Estimates	100	\$145.00		
946-I	Non Binding Estimates - Imprinted	500	\$215.00		
947	Binding Estimates	1000	\$425.00		
948	Guaranteed-Not-To-Exceed Estimates	1000	\$425.00		
	Imprint Fee	1	\$32.50		
	Numbering Fee	1	\$19.50		

Payment Information

Credit Card Number:

_____-_____-_____-_____-_____

Exp. Date: ____/____ CCVN: _____

Name on Card: _____

Check Number: _____

Make checks payable to:

Ohio Association of Movers

Subtotal	
Less 25% Member Discount	___
Subtotal	
20% Shipping	
Subtotal	
7.5% Sales Tax	
Total due to OAM	