

Credit Card Number\_\_\_

Cardholder Name \_\_\_

Signature (Required) \_

\_\_\_\_\_ Sec. Code \_\_\_\_\_ Amount \$ \_\_

## **Materials Order Form Copy & Reuse**

Name	Com	pany/Organiza	ation_				
City/Town	State	Zip		_ Country		· · · · · · · · · · · · · · · · · · ·	
Phone	Fax	E-mail					
PAYMEI	NT METHOD (Please Choose One)			ſ			
I enclose a check or money order payable to "NEIWPCC"					Send completed form and		
	by Credit Card: MasterCard □ Visa □ D					ent (if applicable) to:	
	rd Number				NEIW Wann	nalancit Mills	
	er Name				650 S	Suffolk St., Ste. 410	
Exp. Date Sec.Code Total Amount \$						<b>Lowell, MA 01854</b> Fax: 978-323-7919	
	(Required)				rax:	978-323-7919	
and price.	<b>ASE</b> See descriptions in Resource Catal Most items are SPS Media Mail free-of-charge unless you			•		ere is an	
			·				
Item Code	Title	Price		uantity (Limit 5 ee Items)	for	Total	
NOTES	: (e.g., specific ordering details)			Subtotal			
Shipping							
				TAL			
additional	cost for alternate shipping methods, bulk	orders, and in	ternati	onal shipping;	call NE	EIWPCC for pricing.	
LOAN							
<ul> <li>The \$5 s</li> <li>All items shipping</li> <li>A \$20 s</li> <li>item is r</li> </ul>	shipping and handling charge for each LOAN it is are sent by USPS Media Mail unless you spen for an additional cost; call NEIWPCC for pricing ecurity deposit is collected on all loan items. Crueturned within the loan period (30 days). three items on loan per person.	cifically requesting.	alterna	ate shipping met	hods or	r international	
Item	Title	Qua	ntity	Loan Depos	it	Total	
Code				\$20			
				\$20			
				\$20			
Credit Card	l for Deposit: Mastercard 🔲 Visa 🔲 Discove	er 🗌		Subtotal			

NEIWPCC

Shipping

**TOTAL** 

Wannalancit Mills, 650 Suffolk St., Ste. 410 Lowell, MA 01854

Phone: 978/323-7929 Fax: 978/323-7919 Email: mail@neiwpcc.org