



The official provider of National Breast Cancer Awareness Month products.

Phone: 1-800-822-1923  
M-F 8:30 A.M.-5:30 P.M. CST

Fax: 1-512-451-7657

Online: www.nbcamproducts.com

Mail: Bells Select  
109 Denson Dr.  
Austin, TX 78752-4148

Please allow 3-5 weeks for product delivery!

**Continental U.S. Shipping, Insurance and Handling**

**Notice:** Residential shipments, add a \$3.00 carrier surcharge.

**Amount of Order Charges**

\$0 - 10.00	\$4.95
\$10.01 - 25.00	\$7.50
\$25.01 - 50.00	\$9.95
\$50.01 - 75.00	\$12.95
\$75.01 - 150.00	\$15.95

**Orders greater than \$150:**

Please call 1-800-822-1923. Shipping will be added to your invoice based on package weight and the destination ZIP code. This is typically equal to 12% of the order total. Additional charges apply when shipping outside the Continental U.S. and to APO/FPO addresses. Call for details.

**FOB Factory**

Factory shipped items are subject to a 10% over or underrun.

**Production Time**

Normal production time is 3-5 weeks. Rush service is available on limited products. Call for details.

**Set-up Fees**

There is a set-up charge per item for custom imprinting. Please refer to the item description for cost.

**Payment Terms**

Acceptable methods of payment: company check, money order, Visa, MasterCard or American Express. Net 30-day credit terms are available on orders over \$100 with valid purchase order and approved credit. All orders under \$100 must be prepaid by check or credit card.

**Make check or money order payable to Bells Select.** No multiple checks.

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**Important Notice: Credit card statements will reflect charge from Bells Select/Direct**

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Item #	Description	Item Color	Imprint Color	Quantity	X	Price	=	Total

**Personalization should read as follows:**

We cannot accept faxed art or low-resolution logos used on websites. Please provide black and white camera ready art or electronic files with a minimum resolution of 600 dpi. Art may be emailed to: art@imprintmall.com

Order Subtotal	
Set-Up ____ Items	
Shipping & Handling	
Residential Delivery Surcharge	
Subtotal	
Tax (TX residents add applicable sales tax)	
<b>TOTAL</b>	

**Bill To/Ship To:**

Business/Facility       Residence

Facility Name: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Sorry! No P.O. boxes please.

City/State/ZIP: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Part of each sale goes towards breast cancer education!**

Purchase Order Number: \_\_\_\_\_

Please attach copy of purchase order!

Date Order Placed: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Allow 3 to 5 weeks for delivery.

MasterCard     Visa     AmEx

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Acct. #: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_