

SMA FORM ORDER

Minimum order of forms is 100. Price listed is per form; numbering is subject to additional fee (see numbering fee schedule)

Item	Non Imprinted Order in Qty of 100		Imprinted					
	Member	Non-Member	500 - 900 Forms		1,000 - 1,400 Forms		1,500+ Forms	
			Member	Non-Member	Member	Non-Member	Member	Non-Member
#160 Moving Services Contract (<i>insurance</i>)	\$0.40	\$0.47	\$0.33	\$0.40	\$0.24	\$0.31	\$0.23	\$0.30
#162 Moving Services Contract (<i>valuation</i>)	\$0.40	\$0.47	\$0.33	\$0.40	\$0.24	\$0.31	\$0.23	\$0.30
#170 Proposal/Moving Services Contract	\$0.65	\$0.72	\$0.56	\$0.63	\$0.42	\$0.49	\$0.38	\$0.45
#185 Proposal for Service	\$0.40	\$0.47	\$0.33	\$0.40	\$0.24	\$0.31	\$0.23	\$0.30
#187 Inventory	\$0.38	\$0.45	\$0.30	\$0.37	\$0.23	\$0.30	\$0.22	\$0.29
#188 Rights & Responsibilities Brochure	\$0.25	\$0.32	\$0.23	\$0.30	\$0.20	\$0.27	\$0.18	\$0.25
#189 Addendum to Moving Svcs Contract	\$0.38	\$0.45	\$0.30	\$0.37	\$0.23	\$0.30	\$0.22	\$0.29
#887 Table of Measurements (cube sheet)	\$0.50	\$0.57	N/A	N/A	N/A	N/A	N/A	N/A
#190 Additional Services	\$0.30	\$0.37	N/A	N/A	N/A	N/A	N/A	N/A
#LC100-3 3Ply Carbonless Reproduction Paper	\$0.25	\$0.35	Carbonless Reproduction Paper - Front is blank. TxDMV required Contract Terms & Conditions printed on back of all sheets					
#LC100-4 4Ply Carbonless Reproduction Paper	\$0.35	\$0.45						
#G600 Table of Weights & Depreciation Guide - Joint Military/Industry - \$20.00/book								

Numbering Fee Schedule

Imprinting must be a **MINIMUM** order of 500

500 - 1,000 forms numbered - add \$15.00

1,001 or more forms numbered - add \$30.00

SHIPPING FEE: 10% of Form Cost, Residential Deliveries add \$3/box - Minimum freight \$10

(Please Type or Print Clearly)

IMPRINTING INSTRUCTIONS FOR THE FORM ORDERED

Carrier Name _____
 Address _____
 City, ST Zip _____
 Phone _____ TxDMV # _____
 Ordered By _____
 Email _____
 Comments _____

SHIP TO INSTRUCTIONS

(Complete **ONLY** if different from imprinting information)

Carrier Name _____
 Address _____
 City, ST Zip _____
 Phone _____ Fax _____
 Email _____
 Orderd By _____
 Comments _____

Form No.	Quantity	Numbering Chg.	Start Numbering	Form Price	Form Total \$

+ Freight

Subtotal

+Sales Tax (Subtotal X 8.25%)

Grand Total

PAYMENT SHOULD ACCOMPANY YOUR ORDER

Payment Information

Visa MasterCard Amex Discover

Check # _____

Account Number _____ Expiration Date: MO/YR _____ Security Code _____

Name as it appears on card _____

Please send form and payment to: SMA * 700 E. 11th St. * Austin, TX 78701

Phone: 512.476.0107 * Fax: 512.476.0940

www.southwestmovers.org