



MAP Custom Order Form



Return Form To: MAP International, 4700 Glyngo Parkway, Brunswick, GA 31525
Phone: 1-912-280-6627 Fax: 912-280-6638 Email: custsrv@map.org

<p>ACCOUNT NAME AND ADDRESS Please use the Account Name registered with MAP International, or the name on your Partner Profile application. Please complete this section to receive an invoice.</p> <hr/> <p>NAME</p> <hr/> <p>MAP ACCOUNT # (if known)</p> <hr/> <p>STREET / PO BOX</p> <hr/> <p>CITY / STATE / ZIP</p> <hr/> <p>TELEPHONE NUMBER FAX NUMBER</p> <hr/> <p>REFERRED BY:</p>	<p>SHIPPING ADDRESS Please complete this section with the address to which the packs will be shipped.</p> <hr/> <p>NAME</p> <hr/> <p>STREET (UPS CAN NOT DELIVER TO A P.O. BOX)</p> <hr/> <p>CITY / STATE / ZIP</p> <hr/> <p>TELEPHONE NUMBER FAX NUMBER</p> <hr/> <p>E-MAIL ADDRESS</p>	<p>MAP USE</p> <p></p> <p></p> <p></p>	<p>Order #</p> <hr/> <p>Account #</p>
<p>PAYMENT AND RECEIPTING INFORMATION Payment must accompany your order and may be made using CREDIT CARD or CHECK. When mailing a check, please include account name on check. Travel Packs may not be returned for a refund. The pre-paid service fee is tax deductible.</p> <p><input type="checkbox"/> CHECK (If faxing order, include copy of check)</p> <p><input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA</p> <p><input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>Name on Card _____</p> <p>Company Name _____</p> <p>CC# _____</p> <p>Exp. Date _____ Security Code _____</p> <p>Address for tax receipt if different from Account address: _____ _____</p>	<p>COUNTRY INFORMATION All Customs documents are attached to the cartons. PACKS ARE FOR HAND-CARRY OR AIR FREIGHT ONLY. PACKS MAY NOT BE SHIPPED BY CONTAINER. (NO delivery to US sanctioned countries without proper US government licensing and prior MAP approval)</p> <hr/> <p>MEDICINE DESTINATION: COUNTRY</p> <hr/> <p>MEDICINE DESTINATION: HOSPITAL / CLINIC</p> <hr/> <p>ADDRESS</p> <hr/> <p>DEPARTURE DATE RETURN DATE</p>	<p>TT:</p> <hr/> <p>ETA:</p>	<p>Offer #</p> <hr/> <p>Ship Date:</p>
<p><input type="checkbox"/> The CUSTOM ORDER® service fee is determined by the items and quantities selected. (\$100 minimum order required). Shipping is additional. Please allow 3-4 weeks for delivery.</p>			
<p><i>Any additional donation to help support MAP's medicine programs is much appreciated. If you wish to contribute, please indicate the extra amount here: \$ _____ Thank You!</i></p>			