

Marketing Supply Order Form

Registration number: _____ Change of address or phone number since your last order? <input type="checkbox"/> No <input type="checkbox"/> Yes	 Benefit <small>SOFTWARE</small> 212 Cottage Grove Ave, Ste. A Santa Barbara, CA 93101 Toll Free: 1-800-533-1388 Local: 805-568-0240	<i>Please Print Legibly</i> Fax the Completed Form to: (800) 542-8520
--------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

BILLING ADDRESS:			SHIPPING ADDRESS (No PO Box):		
Attention:			Attention:		
Company:			Company:		
Address:		Ste:	Address:		Ste:
City:	State:	Zip:	City:	State:	Zip:
Billing Phone:		Ext:	Shipping Phone:		Ext:

DESCRIPTION	# PER UNIT	UNIT PRICE	# OF UNITS	TOTAL
Marketing – Printed Benefit Statements				
PBS Full Color – Tri-fold Agent Mailer – Fits in standard A-10 envelope	100	\$ 45.00		
Sample Statements				
Summary Report Samples 1-page 8 ½ x 14”	20	\$ 30.00		
Booklet Report Samples 5 ½ x 8 1/2” Multi-page	20	\$ 60.00		
Portfolio Report Samples 8 ½ x 11” Multi-page	20	\$ 80.00		
Fringe Facts® Online Service Marketing Materials				
Fringe Facts Online Service – Full Color Agent Mailer – Tri-Fold	100	\$ 45.00		

*** Starter Marketing Kit Discount *** Order 3 or more units at the same time - save 10% <i>To view samples or download another form, please visit www.bsiweb.com/forms.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">(1) SUBTOTAL:</td><td style="text-align: right;">\$</td></tr> <tr><td>(2) ADJUSTMENTS:</td><td style="text-align: right;">\$</td></tr> <tr><td>(3) ADJUSTED SUBTOTAL:</td><td style="text-align: right;">\$</td></tr> <tr><td>(4) SALES TAX- CA 8.75%</td><td style="text-align: right;">\$</td></tr> <tr><td>(5) SHIPPING & HANDLING</td><td style="text-align: right;">\$</td></tr> <tr><td>(6) TOTAL (U.S. DOLLARS)</td><td style="text-align: right;">\$</td></tr> </table>	(1) SUBTOTAL:	\$	(2) ADJUSTMENTS:	\$	(3) ADJUSTED SUBTOTAL:	\$	(4) SALES TAX- CA 8.75%	\$	(5) SHIPPING & HANDLING	\$	(6) TOTAL (U.S. DOLLARS)	\$
(1) SUBTOTAL:	\$												
(2) ADJUSTMENTS:	\$												
(3) ADJUSTED SUBTOTAL:	\$												
(4) SALES TAX- CA 8.75%	\$												
(5) SHIPPING & HANDLING	\$												
(6) TOTAL (U.S. DOLLARS)	\$												

PAYMENT METHOD: <i>Please Note: We only accept Visa, MasterCard, and American Express.</i> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Credit Card Number: _____ Expiration Date: ____/____ _____ Authorized Signature (Required on all Credit Card Orders): X _____ Print name exactly as it appears on card: _____ Billing Address for Credit Card Orders: *If different from above* Street: _____ City: _____ State: _____ Zip: _____ <p style="text-align: center;">These rates apply only to shipments within the 48 contiguous states. Call for other areas.</p> <p style="text-align: center;">Please Note: No Returns or Exchanges</p>	*SHIPPING & HANDLING (select method below) <input type="checkbox"/> UPS Ground 10% of line 1; Min \$10.00 <input type="checkbox"/> UPS 3 Day Select 10% of line 1 + \$20.00 <input type="checkbox"/> UPS 2 nd Day Air 15% of line 1 + \$40.00 <input type="checkbox"/> UPS Next Day Air 20% of line 1 + \$50.00 Or <input type="checkbox"/> Bill My UPS Account - Handling Fee \$10.00 <input type="checkbox"/> Ground <input type="checkbox"/> 3 Day Select <input type="checkbox"/> 2 Day Air <input type="checkbox"/> Next Day Air AM <input type="checkbox"/> Next Day Air UPS Account # _____ Or <input type="checkbox"/> Bill My Fed-Ex Account - Handling Fee \$10.00 <input type="checkbox"/> Ground <input type="checkbox"/> Express Saver (3 day) <input type="checkbox"/> 2 Day <input type="checkbox"/> Standard Overnight <input type="checkbox"/> Priority Overnight FedEx Account # _____ <p style="text-align: center;">*Orders received after 1:00pm (PST) will ship the next business day*</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Order Date	Order #	Check/Card Auth #	Sales Rep	Res/Ref #	Source	Type	SIC Code	Entered By	Packed By
------------	---------	-------------------	-----------	-----------	--------	------	----------	------------	-----------

BSI reserves the right to change prices or specs at any time without prior notice. Rev. 04/22/10