***Mailing Labels Order Form***

Name: _____

Company: _____

Address: _____

City, State Zip: _____

Phone: _____

Email Address:_____

**Payment:** ☐ Check* ☐ Visa ☐ Master Card ☐ American Express
**Price:** $150

**Format (please select one):** **1. E-mail:** Excel file
**2. Mail:** 3-Up Pressure Sensitive Labels Ready to Use

**Total Cost:** _____
(*Please make checks payable to **New Mexico Chapter, APTA**)
Orders will not be processed without pre-payment

Credit Card Number: _____Exp. Date: _____

Print Name of Cardholder: _____

Cardholder Signature: _____

**Send Completed Form to:**

New Mexico Chapter, APTA
Executive Office
PO Box 327
Alexandria, VA 22313
newmexico@apta.org
Phone: 800/999-2782, ext. 8568

**Mailing Label Agreement:**
This acknowledges that the mailing list and any portions thereof are the exclusive property of the New Mexico Chapter, APTA. I agree and understand that all names and addresses furnished are provided for a **one-time use only.** I guarantee the names and addresses shall not be copied, reused, sold, electronically reproduced or used by any party except as specified in the written order.

There is a **NO RETURN POLICY** on all label orders.

Please read the Mailing Label Agreement above prior to signing. All order forms must be signed. The undersigned has read and hereby agrees to observe all policies and regulations set forth in the Contract for purchasing mailing labels from the New Mexico Chapter, APTA as described.

Signature: _____ Date: _____

Print Name:_____