JULY 1, 2009 - DEC 31, 2009

UNION SUPPLY DIRECT
INMATE DIRECT SALES

SPECIAL PURCHASE ORDER FORM

NAME OF INSTITUTION:

SHIP TO: *PLEASE PRINT*
NAME: ☐ Male ☐ Female

ID #

STREET ADDRESS:

CITY:

STATE: **CA** ZIP:

*** REQUIRED INFORMATION: PLEASE CIRCLE ONE**
PRIVILEGE GROUP A / B OR PRIVILEGE GROUP D

QTY	ITEM #	SIZE	COLOR	ITEM DESCRIPTION	PRICE	TOTAL
				California Recycling Fee- *Add $8.00 (Applies only if purchasing a Television)*		

Sales Tax	*Included*
Shipping & Handling	$ 5.00
TOTAL	

** Note: All alterations to electronic devices void manufacturer's warranty*

INCLUDE INSTITUTION AUTHORIZATION FORM (if required)

Method of Payment: Institutional Check ❑ Money Order ❑ Personal Check ❑ (Must Include Phone Number)
Credit Card - Visa ❑ MasterCard ❑ Discover Card ❑

CC Account No. _____ Exp. Date _____

Last 3 Digit Security CID Code on back of Credit Card ___ ___ ___

Card Holder's Name _____ Phone No. _____

Card Holder's Address _____

City _____ State _____ Zip _____

Card Holder's Signature _____

E-Mail Address _____

If any items that you ordered are out of stock, would you like us to substitute an item of similar or greater value? Please check YES or NO. If no box is checked, substitute items cannot be sent.

☐ YES
☐ NO

Reminder:

Please read the order information on the first page of the catalog.

The details will help you understand the order processing, the return policy, and the warranty information for electronics.

UNION SUPPLY DIRECT
INMATE DIRECT SALES

Dept 300 • P.O. Box 9018 • Rancho Dominguez, CA 90224-9018
Toll Free Ph: 866-404-8989 / Toll Free Fax: 888-857-6219
Order online at www.californiainmatepackage.com

SOURCE CODE #SP06

7 44234 30096 2