JULY 1, 2009 - DEC 31, 2009

SOURCE CODE CQP6

Union Supply Direct

QUARTERLY PACKAGE ORDER FORM

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

ORDER CANNOT BE PROCESSED WITHOUT ALL (*) REQUIRED INFORMATION!

Place orders online at www.californiainmatepackage.com

1. Please fill out the following sender and recipient information.

FROM: *(Please print clearly and all information must be filled out completely or it will be returned to the sender.)*

Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Daytime Phone: (_____) - _____ *E-mail Address* _____

Sender's Signature (required) _____

TO: ☐ Male ☐ Female

PRIVILEGE GROUP: A / B OR PRIVILEGE GROUP: D (PLEASE CIRCLE ONE)

** Inmate Name:* _____ ** Inmate Number:* _____

** Institution:* _____ ** Facility/Bed/Dorm #* _____

Address: _____ *P. O. Box* _____

City: _____ *State:* **CA** *Zip:* _____

Cardholder's Name _____

Cardholder's Signature _____

Address: _____ *Daytime phone:(____)* _____

City: _____ *State:* _____ *Zip:* _____

				■					■					■				

Credit card Exp. _ _/_ _

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

Select Payment Method: ❑ *Money Order:* ❑ *Cashier Check:* ❑ *VISA* ❑ *MC* ❑ *Discover:*
Facility Check: ❑ *Personal Check:* ❑ *(Name, Address and Phone Number must be imprinted on check!)*

2. *Please circle appropriate quarter (Only 1 package per quarter allowed)*

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Jan 1st-Mar 31st	*April 1st- June 30th*	*July 1-Sept. 30th*	*Oct 1st- Dec 31st*

3. *"DISCLAIMER" If any items ordered are out of stock, would you like us to substitute an item of similar or greater value? If so, please check YES or NO on the other side of this order form. If no box is checked, substitute items cannot be sent.*
4. *The package items must fit into one box (maximum dimensions of 24" x 16" x 12"). Union Supply Direct assumes the responsibility to remove items at our discretion if they will not fit into one box.*
5. *The package items cannot exceed a shipping weight of 30 lbs. (450 ounces of product with 30 ounces of packaging). Union Supply Direct assumes the responsibility to remove items at our discretion if the package exceeds the 30 lb. maximum weight limit.*

☐ *For Family members and friends only: Please check this box if you would like to receive the next Quarterly Catalog in the mail. Please write address if different than above.*

Name: _____

Address: _____ *City* _____ *Zip* _____

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QTY	ITEM#	DESCRIPTION	COLOR	SIZE	WEIGHT OUNCES	EXTENDED WEIGHT (OUNCE X QTY)	PRICE	EXTENDED PRICE (PRICE X QTY)

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

"Free Shipping" on all Internet Orders over $125

SUBTOTAL	
SALES TAX	**Included**
SHIPPING & HANDLING	$ 5.00
Add 10% to IGWF if Purchasing though the Facility	

If you are purchasing these items from your trust account funds, please add 10% to your order, which will then go to the Inmate General Welfare Funds account. This 10% does not need to be added if you are a family member or friend purchasing these items.

California Recycling Fee- *Add $8.00 (Applies only if purchasing a Television)*

Total Weight (Not to Exceed 450 Ounces)		TOTAL	

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UNION SUPPLY DIRECT
INMATE DIRECT SALES

Dept 100 • 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