ORDER FORM

C&B Getaways' "Free Hotel Room" Vacation Certificates

Please ship the quantity of Free Hotel Room Vacation Certificates checked below.		
100 Vacation Certificates	\$100 plus \$5 S&H	Total Cost \$105
250 Vacation Certificates	\$250 plus \$10 S&H	Total Cost \$260
500 Vacation Certificates	\$500 plus \$20 S&H	Total Cost \$520
1000 Vacation Certificates	\$1,000 plus \$40 S&H	Total Cost \$1,040
2500 Vacation Certificates	\$2,500 plus \$100 S&H	Total Cost \$2,600
5000 Vacation Certificates	\$5,000 plus \$200 S&H	Total Cost \$5,200
Imprinting Instructions - Please Print Clearly		
→		4
Print how you want "Your Compan	y Name" imprinted on your certi	ficates on this line.
Your Vacation Certificates will ship within 1 business day after receipt of your order. Shipping will be by USPS Priority Mail with signature required for delivery. If you are paying by credit card, you may fax in your order and save the mailing time. Fax to: (813) 818-7653		
SHIPPING INFORMATION - PLEASE PRINT CLEARLEY		
SHIPPING INFOR		
SHIPPING INFORM Name of Buyer:		
SHIPPING INFORM Name of Buyer: Company Name: Address:	MATION - PLEASE PRINT CLEAR	LEY
SHIPPING INFORM Name of Buyer: Company Name:	MATION - PLEASE PRINT CLEAR State:	Zip:
SHIPPING INFORM Name of Buyer: Company Name: Address: City: Phone:	MATION - PLEASE PRINT CLEAR State: Fax:	Zip:
SHIPPING INFORM Name of Buyer: Company Name: Address: City: Phone: Cost of Certificates Ordered @ \$	State:Fax:	Zip:
SHIPPING INFORM Name of Buyer: Company Name: Address: City: Phone: Cost of Certificates Ordered @ \$ Cost of Priority Shipping & Handle	State: State: Fax: 1.00 ea ing:	Zip:
SHIPPING INFORM Name of Buyer: Company Name: Address: City: Phone: Cost of Certificates Ordered @ \$ Cost of Priority Shipping & Handle Shipping & Han	State: Fax: 1.00 ea. ing: % Sales Tax:	Zip:
Name of Buyer: Company Name: Address: City: Phone: Cost of Certificates Ordered @ \$ Cost of Priority Shipping & Handle Florida Businesses ONLY. Add 7 Total Amount Of This Order: Method of Payment: Check or	State: State: fax:	Zip:
Name of Buyer: Company Name: Address: City: Phone: Cost of Certificates Ordered @ \$ Cost of Priority Shipping & Handle Florida Businesses ONLY. Add 7 Total Amount Of This Order: Method of Payment: Check or	State: State: Fax: 1.00 ea ing: % Sales Tax: Money Order payable to: Co	Zip:\$\$\$\$\$\$\$\$\$\$\$\$B Getaways, Inc.
Name of Buyer: Company Name: Address: City: Phone: Cost of Certificates Ordered @ \$ Cost of Priority Shipping & Handle Florida Businesses ONLY. Add 7 Total Amount Of This Order: Method of Payment: Check or VISA	State: State: Fax: 1.00 ea ing: % Sales Tax: Money Order payable to: Ca MasterCard Expiratio	Zip:\$\$\$\$\$\$\$

Mail to: C&B Getaways, Inc. ~ PO Box 1638 ~ Oldsmar, FL 34677 or Fax to: (813) 818-7653