

TIRE SAFETY STARTS HERE ORDER FORM

EXCLUSIVELY FOR MEMBERS WITH CERTIFIED TECHNICIANS



WORKING FOR THE INDUSTRY...WORKING FOR YOU.

I. WAYS TO ORDER

MAIL

Tire Industry Association
1532 Pointer Ridge Place, Suite G
Bowie, Maryland 20716-1883

FAX

301.430.7283

II. SHIPPING INFORMATION

Name _____

Company _____

Shipping Address (no P.O. Boxes) _____

City _____ State _____ Zip+4 _____

Phone _____ E-mail _____

III. LIST OF CERTIFIED TECHNICIANS (Please check type of certification next to each name listed)

	ATS	CTS		ATS	CTS
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

IV. PRICING INFORMATION

	Retail Tri-Fold Brochure	Commercial Tri-Fold Brochure	Commercial Tire Service Truck Decals
51-500	.25 each	.25 each	\$1.00 each
501-999	.20 each	.20 each	(can only order
1,000+	.15 each	.15 each	one per CTS Tech)
Customized	Call for Price	Call for Price	

Shipping and Handling: \$10.00 for orders up to \$100.00; \$20.00 for orders over \$100.00.

V. ORDER INFORMATION

- Please send me 1 FREE "Tire Safety Starts Here" Kit
(Each Kit includes 50 tri-fold brochures, one showroom poster, and one service truck decal)

Additional Materials	Quantity	Unit Price	Product Cost
Retail Tri-Fold Brochure	_____ x	_____ =	_____
Commercial Tri-Fold Brochure	_____ x	_____ =	_____
Commercial Tire Service Truck Decals	_____ x	\$1.00 =	_____

(can only order as many Decals as you have CTS Techs)

Shipping and Handling (add \$10.00 for orders up to \$100.00; add \$20.00 for orders over \$100.00)

Total Due _____

VI. METHOD OF PAYMENT

- Check (make payable to TIA) Invoice Me (TIA members only) P.O. # _____
 VISA MasterCard AMEX

Credit Card Number _____ Expiration Date ____/____/____

Card Holder Name (Please print) _____

Card Holder Signature _____