

## Billing Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (will only call if a problem with your order)  
 Email: \_\_\_\_\_ (for order confirmation)

## Payment Information

Credit Card:          

Card Number: \_\_\_\_\_ CVN: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please make check payable to: **MagazinesUSA**  
 PO Box 572  
 Teaneck, NJ 07666

## Order Information

Shipping address, if different from billing address:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Magazine Name	Years	Price	Renewal? (y/n)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

For additional magazines, please feel free to make copies of this form.

**FAX THIS FORM TO 201-822-6122**