

Order Form

Use this form to order **iScrip**.

Organization Name:

Address:

City: _____ State: _____ Zip:

Phone: (____) _____ Organization FAX:
(____) _____

E-mail Address:

Contact's Name:

Phone: (____) _____ E-mail Address:

How did you find out about iScrip?

Please set up iScrip at the 1 time charge of \$299.99(US Dollars).

Please deduct the iScrip annual maintenance fee at the rate of \$24.99(US Dollars) due each Jan 1.

Please deduct the above from my bank account below:

Bank Name _____

Account Number _____

Bank Routing Number _____

Type of account _____ Checking**** _____ Savings

****Please attach a copy of a voided check

I authorize iScrip to deduct the amount(s) from our account as noted above.

I understand that I may discontinue this at any time by contacting iScrip.

Please begin the automatic deduction at the date of this agreement.

Signature _____ Date _____

Preferred method of payment is ACH. If paying by check please make payable to iScrip.
Please mail this completed form and a check for the full amount to:

iScrip

4435 Nantuckett Drive

Toledo, OH 43623-3113

Questions: E-mail: iscrip@gmail.com