



2020 Annual Recharge Tag Sale Order Form

① **(SHIPPING INFO)**

Company Name _____

Main Contact _____

Shipping Address _____
(no P.O. boxes please)

City _____ State _____ Zip/Postal _____

Telephone _____ Fax _____

Email _____

② **(TAG / PRINTING INFO)** NAFED member company? yes no

1) Check one: A) New order—I've never ordered recharge tags from NAFED before. **(plate charge incurred)**
 B) I've ordered recharge tags from NAFED before, but I need to make a change(s) on the tags. **(plate charge incurred)**
 C) I've ordered recharge tags from NAFED before, and I want them to be exactly the same as last time.

2) Please include a typed or clearly marked sample of the info (company name, address, phone, etc.) you want printed on your tags.

3) Special Instructions _____

③ **Quantity Ordered** (multiples of 1,000; min. 2,000 each tag type) _____

④ **# of Years**
(Circle One, see Section 6 for requirements)

0	1	2	3	4	5	_____
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⑤ **Starting Year (Must Indicate)**
20_____

⑥ **Tag Type (Circle One Only)**

Standard (1, 2, or 3 year)	Oversized (1,2, or 3 year)	Arkansas (No Red, 5-year)	California (5-year)	Florida (5-year)	Georgia (1-4 year)	Illinois (White, 1 year)	Custom
Kansas (2-year)	Louisiana (5-year)	Massachusetts (No Orange, 3-year)	Montana (No Red, 1-3 year)	New Jersey (1-3 year)	New York (1-3 year)	Nevada (3-year)	Texas (No Red, 5-year)

⑦ **Tag Color (Circle One Only)**

White	Gray	Light Blue	Orange	Red	Dark Green	Tan	Pink	Yellow	Lavender
Ivory	Salmon	Dark Blue	Fluorescent Orange	Fluorescent Red	Fluorescent Green	Light Green	Fluorescent Pink	Fluorescent Yellow	Brown

⑧ **Eyelet and Wire Options (Circle One Only)**

Fiber Patch (free)	Fiber Patch and Wire	Fiber Patch and Metal Eyelet	Fiber Patch, Metal Eyelet, and Wire
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⑨ **Additional Options (Circle All That Apply and Fill in Your Numbers)**

DOT Line # _____	License Line # _____	IL Dist. License Line # _____	MA-CR # _____	NJ Permit # _____
TX ERC # _____	CA Type _____ & # _____	Other _____		Your Logo/Your Name (red & black ink only—attach artwork)

⑩ **Logos and/or Artwork (A SAMPLE TAG OR ARTWORK MUST BE INCLUDED)**

If you want new logos or artwork included on your tags, you **must** attach it in the form of camera-ready art. (You may email digital files.) Contact NAFED at (312) 461-9600 with questions.

Internal Use Only Deferred
 Date rec'd: _____ Batch date: _____ Proof needed? Y N Spreadsheet



2020 Annual Recharge Tag Sale Order Form

**Free shipping on
pre-paid orders!**
(excludes COD orders and
orders shipping outside of
the continental U.S.)

Company Name _____

Customized Recharge Tag (Annual Order Form)	Pricing Breaks	Quantity Ordered	Member Price (U.S. Dollars) Per Thousand	Non-Member Price (U.S. Dollars)	Total Price
Recharge Tags <i>Minimum order = 2,000</i>	2,000–4,000		\$39.75	\$46.75	
	5,000–9,000		\$35.25	\$44.00	
	10,000–24,000		\$33.75	\$40.75	
	25,000–49,000		\$32.25	\$38.25	
	50,000–99,000		\$28.50	\$35.50	
	100,000+200,000		\$25.25	\$32.00	
	200,000+		CALL	CALL	
Fluorescent Fee (if you've chosen a fluorescent color for your tags, add fluorescent fee here)				\$4.75 per thou-	
Attached Wire				\$13.50 per thousand	
Metal Eyelets				\$4.25 per thousand	
Plate Charge <small>Must add if: 1) first-time NAFED order, OR 2) copy changes are being made to your previous order (i.e. name change, address change) OR 3) tag has been revised at the state level</small>				\$38 per plate	
Art Charge <small>Must add if you are submitting any kind of logo or other artwork \$50 per color. Plate charge included in fee.</small>				\$50 per plate	
Color Charge <small>Must add if printing with colors other than black.</small>			2-color tag:	\$2.10/thousand	
			3-color tag:	\$4.25/thousand	
Set-up and Handling Charge (all orders)					\$19.95
Subtotal					
Illinois companies only—add sales tax (10.25% of Subtotal)					
Orders shipping outside of the continental U.S.—add shipping fee (10% of Subtotal)					

Total: \$

Payment Method

CHECK ENCLOSED COD (Only available for orders under \$1,000. Not available on orders shipping outside of the continental U.S.)

VISA MASTERCARD AMEX

ACCOUNT NUMBER _____

SIGNATURE _____

NAME ON CARD _____

EXPIRATION DATE _____

Please call to confirm pricing before mailing a check.
Incorrect amount could delay your order.

Please FAX or MAIL orders to:

NAFED
180 N. Wabash Ave., Ste. 401
Chicago, IL 60601
Tel (312) 461-9600
Fax (312) 461-0777
www.nafed.org

All orders require pre-payment unless COD. (Only available for orders under \$1,000. COD not available outside of the continental U.S.)
When possible, please include samples of previously ordered tags.