



[www.ChampionsofFaith.com](http://www.ChampionsofFaith.com)

# MAIL-IN or FAX ORDER FORM

|                   |       |
|-------------------|-------|
| Internal Use Only |       |
| Date              | _____ |
| Ref               | _____ |

\_\_\_\_\_  
Date

|              |                    |                    |               |                    |                    |                    |                 |
|--------------|--------------------|--------------------|---------------|--------------------|--------------------|--------------------|-----------------|
| <b>DVD</b>   | <b>1 Copy</b>      | <b>2-5</b>         | <b>6 pack</b> | <b>7-20</b>        | <b>21-50</b>       | <b>51-99</b>       | <b>100 pack</b> |
| <i>Price</i> | <i>\$19.95 ea.</i> | <i>\$19.00 ea.</i> | <i>\$100</i>  | <i>\$17.95 ea.</i> | <i>\$16.00 ea.</i> | <i>\$15.00 ea.</i> | <i>\$1000</i>   |

## Billing Address

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Phone*

*Event or Organization:* \_\_\_\_\_

## Shipping Address (Same as Above )

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

|          |                      |                 |
|----------|----------------------|-----------------|
|          | <input type="text"/> | <i>Quantity</i> |
| <b>x</b> | <input type="text"/> | <i>Price</i>    |
| <b>+</b> | <input type="text"/> | <i>Total</i>    |
| <b>=</b> | <input type="text"/> | <i>Shipping</i> |

|   |  |
|---|--|
| <b>Shipping Rates</b>   |  |
| 1 item - \$5.00    2-3 items \$5.95    4-5 items \$8.55<br>6-7 items \$9.95    8-10 items \$10.35<br>Over 10 Items, please call for best price. 1.877.263.1263<br>6-Pack - \$9.95    100-Pack - \$29.95 |  |

\_\_\_\_\_  
*Name on Card*

\_\_\_\_\_  
*Card Number*

\_\_\_\_\_  
*Expiration*                      *Card Code*

**CIRCLE ONE**

*Visa*    *MC*    *AmEx*    *Discover*

*Cash*    *Check (# \_\_\_\_\_)*

Mail completed order form to:  
**FaithMarket**  
**610 Churchill Court**  
**Woodstock, GA 30188**

Call to order: **877-263-ICOF (1263)**  
 or FAX it to: **678.990.9037**

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