



FORMS

List of Best Selling Items We Offer

Order by Mail, Phone or Fax

2060 Franklin Way
Suite 200
Marietta, GA 30067

770-444-9771

GMTA Best Sellers

Qty.	Item	Description	Member	Non-Member	Amount
_____	580	Driver Log Books (two part w/ Vehicle Inspection) qty. 100	79.00	120.00	_____
_____	210	Physical Examination Forms (multiples of 50)	8.00	18.00	_____
_____	130	Medical Certificate / Cert. of Qualification (multiples of 50)	4.50	9.50	_____
_____	225	Annual Inspection Reports (multiples of 100)	24.00	40.00	_____
_____	230	Annual Inspection Stickers (multiples of 100)	24.00	40.00	_____
_____	250	Vehicle Inspection Reports (31 Reports per pad) qty. 100 pads	125.00	200.00	_____
_____	260	Federal Safety Regulations (pocket size-multiples of 50)	110.00	180.00	_____
_____	265	Federal Safety Regulations (Management Edition)	12.25	15.50	_____
_____	266	Federal Safety Regulations (Management Edition) Spiral Bound	13.25	16.50	_____
_____	360	Hazardous Materials Regulations Summary	17.00	27.25	_____
_____	385	Emergency Response Guidebook	3.50	5.25	_____
_____	860	Alcohol Saliva Test Kits (Q.E.D. A-150)	6.95	8.95	_____

Complete Your Order 1 of 3 Ways:

- 1. Mail:** Completed form & check to: **GMTA** Attn: Christy 2060 Franklin Way, Suite 200 Marietta, GA 30067
- 2. Phone:** 770-444-9771 ext: 225 Place your orders Monday- Friday 9 AM - 4 PM EST
- 3. Fax to:** 770-444-9442 Completed Form & Payment Information --- All Fax Orders must include Amex, MasterCard or Visa Info

P.O. #: _____ Non-Member: _____ Order Date: _____ Ship Date: _____ Shipped Via: _____

Ordered By: _____ Phone #: (_____) _____

Company: _____ Fax #: (_____) _____

Email Address _____

(please provide an email address if you would like an order confirmation)

Shipping Address: _____
Street city state zip

Billing Address: _____

(If Different from Shipping):

Our Forms & Supplies ship Ground Delivery. We must have street address; we cannot deliver to a P.O. Box.

Normal delivery is approximately 4 - 5 business days.

Sub-Total: _____

Shipping / Handling: _____ Shipping is determined based on order total. A minimum charge of \$10.00.

Residential Delivery: _____ (Add \$2.00 for Delivery to a residential address)

Sales Tax: _____ (Add 6% to Sub-Total & Shipping)

TOTAL: _____ *Prepayment Required on and All Orders Less than \$25.00 and All Non-Member Orders*

Payment Options: Check enclosed Visa Mastercard AMEX *Credit Cards Accepted for charges of \$25.00 and up.*

Account #: _____ - _____ - _____ Security Code _____

Signature: _____ Exp. Date: _____ / _____

Credit Card Billing Address _____ State _____ Zip _____

All address and credit card information must be completed for orders to be processed.

Please send information on Money Saving Member Services (Medical Insurance, Local, Long Distance, Cellular, Internet & more.)