



FORMS

List of Best Selling Items We Offer

Order by Mail, Phone or Fax

1800 Lake Park Dr.
Suite 123
Smyrna, GA
30080

GMTA Best Sellers

Qty.	Item	Description	Member	Non-Member	Amount
770-444-9771	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)	9.50	15.50	_____
_____	700	CDL Study Manual	29.95	49.95	_____
_____	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	_____
_____	610	No Zone Decals	20.00	25.00	_____

Complete Your Order 1 of 3 Ways:

- 1. Mail:** Completed form & check to: **GMTA** Attn: Christy Newberry, 1800 Lake Park Drive, Suite 123, Smyrna, GA 30080
- 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

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

Ordered By: _____ Phone #: (_____) _____

Company: _____ Fax #: (_____) _____

Shipping Address: _____
Street city state zip

Billing Address: _____

(If Different from Shipping):

Our Forms & Supplies ship UPS Ground Delivery. We must have street address; UPS cannot deliver to a P.O. Box.
Normal delivery is approximately 4 - 5 business days.

Sub-Total: _____

Shipping / Handling: _____ (Orders \$1 - \$49.99 = \$7.25; Orders \$50.00 & up add 15% to sub-total)

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 _____

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