

Use this form if you cannot  
use the generated web form.

# MANUAL ORDER FORM

1/1/2023

Item #	Item Description	Qty	Price	Total
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
~	If ordering models and item substitutions are NOT OK, enter 'N' in 'Qty' column →			
<b>SUB-TOTAL</b>	<b>Sub-total before discounts</b>			= \$
<b>DISCOUNTS</b>	Members receive 10% discount on all items unless already discounted on Sentinel Sale or otherwise specifically designated. Enter membership number in block below.			- \$
<b>SUB-TOTAL</b>	<b>Sub-total before shipping &amp; handling and any sales tax</b>			= \$
<b>TAX</b>	<b>6% Sales Tax ONLY for Maryland Delivery</b>			+ \$
<b>S&amp;H</b>	<p>There is no Shipping Fee for for any item numbered 4xxxx or 7xxxx.  <b>Domestic:</b> Model: \$10.00 for first model and it becomes First Item for the order.  Other: \$ 7.00 for the First Item EXCEPT \$3.50 for the First Item IF all items are any combination of items costing no more than \$10.00 or Calendars or Sentinels.  \$ 2.00 for each additional model or other item. <b>Shipping Fee →</b></p> <p><b>International:</b> Shipping will be calculated by Company Store per best USPS rate, plus \$3.00.</p>			+ \$
<b>Membership</b>	\$55 Regular/USA    \$75 Sustaining/USA    \$40 Student/USA \$81 Regular/NON-USA    \$100 Sustaining/NON-USA    \$66 Student/NON-USA	Printed only <input type="checkbox"/> Digital only <input type="checkbox"/>		+ \$
<b>Dual Media</b>	Member choice at renewal to receive BOTH Sentinel hardcopy and electronic PDF			\$10.00 + \$
<b>General Fund</b>	Any amount is appreciated and is tax deductible. For undesignated use.			+ \$
<b>Archives Fund</b>	Any amount is appreciated and is tax deductible. For Archives expenses.			+ \$
<b>Building Fund</b>	Any amount is appreciated and is tax deductible. For reducing the mortgage.			+ \$
<b>Registration</b>	Pay for Mini-convention registration. Include official registration form(s).			\$ + \$
<b>Other</b>	Pay for other BORHS functions. Include the official registration or payment form(s).			\$ + \$
<b>TOTAL</b>	Total amount due. If payment by check or MO, make payable to <b>BORHS</b> . <b>International order must be paid by MasterCard, VISA, or AmEx.</b>			= \$
<b>NOTICE:</b>	Sometime in the future we will begin calculating Sales Tax on the Retail amount.			

"Thank You" for using the BORHS Company Store, supporting the BORHS Archives

<b>SHIP TO</b>	Name: _____	(You may use a return address mailing label.)
	Street: _____	
	City: _____	
	State: _____ ZIP/Postal Code: _____ Country: _____	
<b>CONTACT INFO</b>	Email: _____	Membership number: _____
	Phone (Specify H/W/C): _____	

IS THIS AN ADDRESS CHANGE? Yes \_\_\_ No \_\_\_ IF 'Yes', IS IT PERMANENT? Yes \_\_\_ No \_\_\_

### CREDIT CARD PAYMENT

For MasterCard, VISA, or AmEx, please provide the information required below.

<b>CREDIT CARD NUMBER</b>	_____ Expiration: ____/____ (MM/YY)
<b>CREDIT CARD SALES SIGN HERE</b>	Security Code → [    ]
	Signature _____ Circle card type: [MasterCard/VISA/AmEx]

Send to: **BORHS Store**  
**P. O. Box 1608**  
**Sykesville, MD 21784**

Voice mail for inquiries/requests at 443-398-8166  
Sales Questions: [storemanager@borhs.org](mailto:storemanager@borhs.org)  
Membership Questions: [membershipchair@borhs.org](mailto:membershipchair@borhs.org)