

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

MANUAL ORDER FORM

1/13/2024

Item #	Item Description	Qty	Price	Total
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
~	If ordering models and item substitutions are NOT OK, enter 'N' in 'Qty' column →			
SUB-TOTAL	Sub-total before discounts			= \$
DISCOUNTS	Members receive 10% discount on all items unless already discounted on Sentinel Sale or otherwise specifically designated. Enter membership number in block below.			-\$
SUB-TOTAL	Sub-total before shipping & handling and any sales tax			= \$
TAX	6% Sales Tax ONLY for Delivery in Maryland			+\$
S&H	<p>There is no Shipping Fee for for any item numbered 4xxxx or 7xxxx.</p> <p>Domestic: Model: \$8.00 for first model except 33610 and N scale, and it becomes First Item for the order. \$5.00 for 33610 and N scale if no other higher First Item.</p> <p>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.</p> <p>\$ 2.00 for each additional model or other item.</p> <p style="text-align: right;">Shipping Fee →</p> <p>International: Shipping will be calculated by Company Store per best USPS rate, plus \$3.00.</p>			+\$
Membership	\$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"/>		+\$
Dual Media	Member choice at renewal to receive BOTH Sentinel hardcopy and electronic PDF		\$10.00	+\$
General Fund	Any amount is appreciated and is tax deductible. For undesignated use.			+\$
Archives Fund	Any amount is appreciated and is tax deductible. For Archives expenses.			+\$
Building Fund	Any amount is appreciated and is tax deductible. For the Eldersburg building.			+\$
Registration	Pay for Mini-convention registration. Include official registration form(s).		\$	+\$
Other	Pay for other functions/donations. Include the official payment form(s).		\$	+\$
TOTAL	Total amount due. If payment by check or MO, make payable to BORHS. International order must be paid by MasterCard, VISA, or AmEx.			= \$

NOTICE: In the future we may begin calculating Sales Tax on the Retail amount.

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

SHIP TO	Name: _____	(You may use a return address mailing label.)
	Street: _____	
	City: _____	
	State: _____ ZIP/Postal Code: _____ Country: _____	
CONTACT INFO	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.

CREDIT CARD NUMBER	_____ Expiration: ____/____ (MM/YY)
	Security Code → []
CREDIT CARD SALES SIGN HERE	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
 Membership Questions: membershipchair@borhs.org