



**Ways to order:**

**Fax** this form to:  
 301-774-5416

**Mail** this form to:  
 Edwards Information, LLC  
 PO Box 31  
 Ashton, MD 20861

**Call** toll free:  
 1-800-990-9936

Order **online** at:  
[www.edwardsinformation.com](http://www.edwardsinformation.com)

Edwards Disaster Recovery Directory	Price/Yr	Total
<b>Featured</b> - <i>by far the most effective way to promote your organization</i> _____	\$ 495	_____
<b>Premium</b> - <i>additional exposure at an attractive price</i> _____	\$ 295	_____
<b>Basic – Free!</b> _____	\$ FREE	_____
<b>Promotional / Special Offer Code:</b> _____	% or % Discount	(\$ _____)
(Maryland Customers Only) <b>Tax 6%</b>		_____
<b>Order Total:</b>		_____

**Account Info:** *(admin information does not appear in the directory but is used to manage your account)*

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Postal Code, Country

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 Contact Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 URL

***Once payment is processed, you will be contacted with account credentials to setup and manage your listing***

**Payment Info:**

- Check enclosed:** Make payable to Edwards Information and mail to address below.
- Please invoice me. Purchase order #** \_\_\_\_\_
- Credit card:**       Visa       Mastercard       American Express       Discover

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

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 Name on Card (please print)

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

**Billing Address for Card**       Same as above

\_\_\_\_\_  
 Name on Card (please print)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip