



OAMTA Video Order Form

Member /Company _____

Contact Person _____

Telephone _____

Video (DVD) per copy \$25.00 _____

Total amount to be charged _____

Please indicate if payment is to be made by:

Cash

Check (Payable to "OAMTA", PO Box 3188; Dublin OH 43016)

or:

Credit Card, charge to:

Visa

MasterCard

Am. Express

Acct: No. _____ Exp. Date _____

Cardholder's Name _____

Amount to be Charged _____

Zip Code of Billing Address _____

Signature _____