

**Step 1: Provide all your information below**

OTC Benefit Card #		Date of Birth (MM/DD/YYYY)	
Member ID			
First Name		Last Name	
Street #	Street Name	Apt/Suite #	
City	State	Zip Code	
Phone		Email	

**Step 2: Pick your products**

Item#	Product Description	Quantity	Price
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

**Step 3: Place your order**

**Mail to:** PO Box 18522, Palatine, IL 60055

If you place your order by mail using an order form, your order total will be applied to the quarter in which we receive your form. For example, if you mail your order form on June 29, but we received it on July 1, your order total will be applied to the benefit period in which we receive it.