



In My Own Dream
Publishing, LLC

ORDER FORM

Fax Orders to: 973.726.9392

Email: info@imodpublishing.com
www.imodpublishing.com

ORDER DATE	ORDER #

BILL TO:		SHIP TO:	
Attn:			
Phone:	Email:	Phone:	Email:
SALES REP:	Customer PO#	Ship Date:	
Minimum orders: \$50.00	FOB: Sparta, NJ	Cancel Date:	
Method of Payment: Net 30 Days established accounts		Ship via: UPS/USPS Priority Flat Rate (lowest rate available will determine carrier)	
New Accounts: Prepaid with Master Card or Visa		Account No.	Expiration:
CREDIT CARD ORDERS: Mastercard/Visa Only		Cardholder's Name:	

Quantity	Item No.	Description	Unit Price	Price
TOTAL				

Special Instructions: _____

860 Glen Road, Sparta, New Jersey 07871
 www.imodpublishing.com
 Tel: 973.729.1428