



Mailing Label Rental Order Form

The IMDA membership list is an excellent way for your organization to promote its services and products to the nation's premier specialty medical sales, service and education companies.

To order the list, please return this form to IMDA with a sample of the mailing. Upon approval, the order will be processed within seven business days. IMDA reserves the right to deny the rental of the mailing list. Payment must be received with your order. The complete mailing list includes approximately 70 IMDA members.

Name _____ Title _____

Organization _____ Email _____

Address _____ Suite _____

City _____ State/Province _____ Zip _____

Phone _____ Fax _____

I would like to rent a complete set of IMDA labels (**\$150 per set**). I understand the mailing list is to be used one time only.

Please supply the mailing information in the following format (check one):

Pressure-sensitive labels Disk – ASCII, comma-delimited format via email

In order for us to process this request, please furnish us with the following information concerning your organization for our tax purposes. Thank you for your cooperation.

Federal Employer Identification Number _____

Please check the type of entity the IRS recognizes you as:

501(c)(3) Not for Profit Organization Partnership Corporation

501(c)(6) Professional or Trade Association Individual, Sole Proprietor

FULL PAYMENT MUST BE RECEIVED BEFORE THE MAILING LIST IS RELEASED

Method of Payment Check Visa MasterCard American Express

Credit Card Number _____ Exp Date _____

Name of Cardholder _____

Signature _____

Signature of cardholder signifies authorization to charge credit card account

Questions? Please contact the IMDA office at 866-IMDA-YES (463-2937) or info@IMDA.org
Return this form with a sample of the mailing to:
IMDA, 414 Plaza Drive, Suite 209, Westmont, IL 60559 ♦ Fax: 630-655-0391