



**MagMall.com**  
 5455 Wilshire Blvd, Suite 1011  
 Los Angeles, CA 90036  
 Toll-free: 888-ALLMAGS  
 Fax: 775-ALL-MAGS

**SUBSCRIPTION ORDER FORM**    OTOLARYNGOLOGY CODING ALERT

Corporate Accounts • Schools & Libraries • Single Subscriber Version

For an online version of this form, go to:

<http://www.magmall.com/corporateorders.html>

**Billing/Donor Information**

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

Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment Method:**

Check    Visa    MC:    Amex    Discover    Send me an invoice

Card Number \_\_\_\_\_ Authorization signature \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVVS Num \_\_\_\_\_ Order Date \_\_\_\_\_

**Subscriber Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

Magazine Title	New/Renew	Years	Copies	Price
_____	N R	_____	_____	\$ _____
_____	N R	_____	_____	\$ _____
_____	N R	_____	_____	\$ _____
_____	N R	_____	_____	\$ _____
_____	N R	_____	_____	\$ _____
_____	N R	_____	_____	\$ _____

**Ordering Instructions:**

1. Make checks payable to: Magazine Mall Inc.
2. Fax this order form to 775-255-6247 or email the information to [subscriptions@magmall.com](mailto:subscriptions@magmall.com)
3. Print this form and mail it to the address above c/o "Corporate Subscriptions"