



Flagstaff
CHAMBER OF COMMERCE
VISITOR'S PACKET ORDER FORM

Please complete the following information:

Contact name:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Number of Visitor's Packets

Base Price	\$10 each ENTER QTY: _____
Domestic Shipping & Handling	FREE
International Shipping & Handling	\$5

TOTAL:

Please complete the following information or send a check payable to the Flagstaff Chamber of Commerce

Card Type:

Charge Card #:

Expiration Date:

I hereby authorize the recipient of this form to use my credit card to debit my account for the amount stated above and understand that this fee is non-refundable.

Authorized Signature: _____

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