



233 Peachtree Street NE, Ste. 751  
 Atlanta, GA 30303  
 Phone (404) 577-7850  
 Fax (404) 577-7870  
 FEIN #581344340

## Mailing Label Order Form

|               |               |
|---------------|---------------|
| NAME _____    | TITLE _____   |
| E-MAIL _____  | COMPANY _____ |
| PHONE _____   | FAX _____     |
| ADDRESS _____ |               |

**GSAE Member?**

- Yes: \$50
- No: \$100

**Please select one of the following options:**

- Association Executive (Individual Member) information only (+/- 300 names)
- Entire Membership (+/- 550 names)

**Labels will be provided via mail to the address indicated above.**

**PURCHASE AGREEMENT:**

- I understand that a copy of the item to be mailed using GSAE member contact information must be received and approved by GSAE’s Executive Director before my order will be processed.
- I understand that I am responsible for providing this copy to the GSAE office in a timely fashion so that my order can be processed as soon as possible. I will fax a copy of my proposed mailing to the attention of Jane Anne Sutphin at (404) 577-7870 along with a copy of this form. GSAE accepts check or credit card payments (AmEx, Visa, M/C). Payment must be received before order can be processed.
- I understand that this is for one-time use only and that should I wish to use this information again in the future I must purchase it again from GSAE.
- Unauthorized use of this list constitutes a violation of GSAE’s intellectual property rights.

*Please charge the amount stated above to my credit card as follows:*

- AMEX**                       **VISA**                       **MASTERCARD**

Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card security code \_\_\_\_\_

Street number \_\_\_\_\_ and zip code \_\_\_\_\_ (where credit card bills are received)

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

If paying by check, please make payable to GSAE.