

COUNTY OFFICIALS' MAILING LABELS/LIST ORDER FORM

Name: _____ Date Requested: _____

Company/Organization: _____ Phone No.: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Credit Card: VISA _____ Mastercard _____ Card No. _____ Exp. Date: _____

Format (check all that apply): Mailing Labels: _____ List: _____ Email: _____

DISCLAIMER: By means of submitting this order form requesting NC county official mailing labels, I hereby agree to limit the use of labels received for the stated purpose/solicitation/mailling only, and furthermore agree to order labels from the North Carolina Association of County Commissioners for other purposes/solicitations/maillings, or repeats of the same stated purpose/solicitation/mailling.

Signed: _____ Date: _____

Name: _____ Title: _____

County Officials' Mailing Labels/Lists					
COUNTY OFFICIALS (available lists)				TOTAL COST	
(County Commission Board Chairs, Managers, Assistant Managers, Finance Officers, Attorneys, Reg. of Deeds, Sheriffs, Budget Directors, Tax Administrators, Tax Collectors, Purchasing Directors, Health Directors, Clerks, Mental Health Directors, MIS Directors, Personnel Directors, Planning Directors, Engineers, Recreation Directors, Public Information Directors, EMS Directors)				List/Labels Ordered	Cost
		Government Cost	Commercial Cost		
		FREE	\$8 per list		
COUNTY COMMISSIONERS					
		Government Cost	Commercial Cost		
		FREE	\$42		
S/H – Officials/Chairs	N/A	N/A	\$2.00	One-time Set-up Fee	\$20.00
S/H – Commissioners	N/A	N/A	\$4.00		
				NC Sales Tax*	\$
				Shipping and handling	\$
				TOTAL	\$

FOR OFFICE USE ONLY:

Amount Remitted \$ _____

Date Paid _____

Method of Payment:

Check # _____

(P) Personal (C) Company

VISA _____ MasterCard _____

Cash \$ _____

The Association reserves the right to refuse to provide labels for mailings that, in our judgment, conflict with NCACC policy, are misleading, or are otherwise unsuitable.

Order will not be processed unless order form is returned completed and full payment is remitted. (If paying by check or money order, make payable to NCACC). Send to:

NCACC
215 N. Dawson Street
Raleigh, NC 27603
ATTN: Finance Department

* Please use applicable sales tax in your county.