




Ship's Store Order Form

COMPANY NAME: _____ TODAY'S DATE: _____

COMPANY CONTACT / (DER): _____ ACCOUNT NUMBER: _____

TELEPHONE NUMBER: _____

ITEM	NUMBER	COST	AMOUNT
M-PAK™ (For each crewmember on the vessel) 1) A drug testing chain of custody form 2) A regulatory approved alcohol kit 3) Post Accident Instructions and forms		\$20.00	
6" x 9", three color, waterproof, vessel sticker		\$ 7.00	
Maritime Drug Program Handbook		\$ 15.00	
Employee Assistance Program Flash Drive		\$10.00	
Complete Copy of US DOT & USCG Regulations (available online at www.drugfreevessel.com , click on Member Area)		\$39.00	
Overnight Shipment Mon- Fri: \$55, Sat \$65, please provide street address below *NOTE: Form, Payment, & Street Address MUST Be Received Before 3 PM EST	OPTIONAL	\$ 55/ 65	
(Price Includes Standard (USPS) Shipping Cost)		TOTAL	

PAYMENT:

Check Enclosed VISA/MasterCard AMEX

CREDIT CARD # _____ EXP. DATE _____

NAME ON CARD _____

SIGNATURE _____

ADDRESS: *Please provide a street address for overnight shipping (deliveries cannot be made to post office boxes)*.*

TO ORDER:

24 Hour Toll Free Fax*	24 Hour Internet*	Mail To:
<p>At 1-800-764-2350 (Requires credit card payment)</p>	<p>www.drugfreevessel.com Click on Ship Store (Requires credit card payment)</p>	<p>The Maritime Consortium, Inc. P.O Box 4070 Annapolis, MD 21403 Telephone: 800-775-6985 Fax: 800-764-2350 www.drugfreevessel.com</p>
<p>*For Fed Ex Service: Form, Payment, & Street Address MUST Be Received Before 3 PM EST</p>		

MAKE CHECKS/MONEY ORDERS PAYABLE TO: THE MARITIME CONSORTIUM, INC.