



ORDER FORM

Name & Title _____
Municipality _____
Mailing Address _____
City/Town & Zip _____
Phone _____ Fax _____ E-mail _____

Total Number of Licenses _____ x \$50.00 Each = Total Amount Due \$ _____

All orders must be paid in advance.

*Please remit payment to
Oklahoma Municipal Services Corporation
201 N.E. 23rd Street
Oklahoma City, OK 73105.*

PAYMENT PROCESSING:

Payment Enclosed Master Card Visa American Express Please invoice, Purchase order # _____

Name (as it appears on your card) _____

Card No. _____ Exp. Date (Month/Year) _____ Security Code _____

(The Security Code is the number found on the back of Visa and MC and the front of AMEX.)

Credit Card Billing Address / Zip Code _____

Signature _____ Email for Receipt _____

Questions contact Nancee Morris at nancee@oml.org.

