

Great Basin Incident Cache Supply – Publications Order Form

Current Catalog, Credit Card Forms and Ordering Procedure Information is available at: <https://www.nwcg.gov>

MAIL OR FAX TO:

USDI-BLM Great Basin Incident Cache Supply Office
 National Interagency Fire Center
 3833 South Development Ave
 Boise, ID 83705
 Fax: 208-387-5573 OR 208-387-5548 (Do Not fax to both numbers)

SHIPPING ADDRESS: *Orders will not be processed if the address provided is incomplete or P.O. Box is given.*

Indicate if this is being shipped to: Business Address Residential Address
 Agency/Company Title: _____
 Shipping Address: (No P.O. Box) _____
 City, State, Zip: _____ - _____
 Shipping Contact: _____ Contact Phone: _____ - _____ - _____

SHIPPING CHOICE:

Buyer is responsible for all shipping charges & fees. This charge is in addition to individual catalog item prices. We are not able to provide shipping charge estimates.

- OVERNIGHT** (Federal Express) **Requested Date for Overnight Delivery:** _____
 Overnight shipments are normally sent within 48 hours upon receipt of order, except on weekends and holidays. Contact name and phone number are required.
- BEST MEANS** *Most economical shipping method. Orders are normally processed and sent from the warehouse within 2 weeks upon receipt of order.*
- WILL PICK UP** **Requested Date for Pickup:** _____

PAYMENT CHOICES: (Select Method of Payment – Credit Card OR Invoice/Bill for Collection)

CREDIT CARD (Type of credit card): Visa MasterCard Discover American Express

For your protection do not write credit card information on this form. Fill out the NIFC Great Basin Area Cache Card Form and either fax or mail it along with this completed order form. Orders will not be processed without accompanying credit card form. Credit card information is not accepted via email or verbally.

INVOICE *For your reference, list your office purchase order and/or reference number here:* _____

BILLING ADDRESS: (REQUIRED) Indicate if you have moved or if this is a new billing address.
This is where final receipts are mailed. Receipts are normally sent within 14 business days after shipping & processing from warehouse.

Agency/Company Responsible for Payment: _____
 Mailing Address: _____
 City, State, Zip: _____ - _____
 Individual Responsible for Payment: _____ Contact Phone: _____ - _____ - _____

| Line Item Number | (Required Field) NFES# | (Required Field) Item Description | (Required Field) Quantity | Unit Price | Subtotal |
|------------------|---------------------------|--------------------------------------|------------------------------|------------|----------|
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| 18 | | | | | |
| Total | | | | | |

CLEAR FORM

PRINT FORM