



National Mobility Equipment Dealers Association

ORDER FORM

Please download this form to your computer prior to filling out.

Item Description	Qty	Price (\$)	Total
QAP Labels (placed on vehicle) <i>(min order 50)</i>		2.00	
NHTSA – Make Inoperative Labels <i>(min order 50)</i>		0.25	
Load Carrying Capacity Reduced Labels <i>(min order 50)</i>		0.50	
Tire Placard Labels (FMVSS 110)		0.50	
NMEDA Logo Window Cling		1.50	
QAP Logo Window Cling (must be dealer in good standing)		1.50	
MQAP Logo Window Cling (must be manufacturer in good standing)		1.50	
Consumer Guide: United States Version		0.50	
Consumer Guide: Canada Version (French)		0.50	
NMEDA Promotional/Showroom Brochure: “Consumer Safe Loading Guide”		0.20	
NMEDA Promotional/Showroom Brochure: “Go Further”		0.20	
NMEDA Promotional/Showroom Brochure: “Compliance Review Program”		0.20	
NMEDA Promotional/Showroom Brochure: “Insist on QAP”		0.20	
NMEDA Promotional/Showroom Brochure: “Insist on MQAP”		0.20	
NMEDA Average Price Survey (most recent results)		50.00	
ITEM TOTAL			

SHIPPING:

Choose shipping method and add your UPS account # if you want us to use your account.

PAYMENT:

Credit card is preferred, but you can also send a check or call the office for an invoice to be sent. Items may not be sent until payment is received.

SEND:

Scan/email to: Order@nmeda.org

or Fax to: 813.962.8970

or Mail to: 3327 W. Bearss Ave, Tampa, FL 33618

Office Phone: 813.264.2697

Shipping Method	UPS Shipper Information*
<input type="checkbox"/> UPS Ground (3-5 business days) <input type="checkbox"/> UPS 2 nd Day Air (2 business days) <input type="checkbox"/> UPS Overnight	Account #: _____ <small>*No UPS account? No Problem! We'll use ours and add it to the total.</small>
Shipping Address: _____ _____	
Phone: _____	
<small>NMEDA is only able to ship orders via the UPS options above. We regret any inconvenience.</small>	

Contact Email: _____

Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Total Amount: _____
Card #: _____	V-Code: _____ Exp. Date: _____
Company and Name on Card: _____	
Billing Address: _____	