DHS-IMB Scrips Order Form

Name: _____ **Phone:** _____

Email: _____ **Student Name:** _____

Order D 4/28/2009 **Family Account Name:** _____

Merchants	Profit (%)	$ Scrip	Qty		Total
Apparel & Accessories					
				0	0
				0	0
				0	0
				0	0
				0	0
Books & Music				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Children & Teens				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Department Store				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Dining - Casual				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Dining - Fine				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Dining - On the go				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0

Merchants	Profit (%)	$ Scrip	Qty		Total
Discount Store					
				0	0
				0	0
				0	0
				0	0
				0	0
Electronics & Office				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Entertainment				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Gas & Auto				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Grocery				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Health Beauty				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Home Décor				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0

Scrips Order Form Continued

Merchants	Profit (%)	$ Scrip	Qty		Total
Home Improvement					
				0	0
				0	0
				0	0
				0	0
				0	0
Online & Catalog				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Service				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Specialty Retailer				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Sporting Goods				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Travel				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Utility				0	0
				0	0
				0	0
				0	0
Xtra Stuff				0	0
				0	0
				0	0
				0	0
				0	0

Totals

Merchant Tota $ $ -

Pd. Check# _____

Pd. Cash ☐

Make checks payable to: DHS-IMB

Total Profit $0.00

Student Share $0.00

Additional Order Forms & Information is available at:
www.dhsimb.com
or call/email
217-442-8920 dcarlton@doorhdwe.com
Dale Carlton Scrips Coordinator

Mail Completed Orders to:

DHS-IMB
P.O. Box 2353
Danville, IL 61834-2353