



ORDER FORM

SEPTIC SYSTEM HOMEOWNER FOLDERS

Keep a supply on hand! \$2.00 / each folder
(Minimum order of 10 folders)

NAME: _____

COMPANY NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

QUANTITY: _____ (Minimum order of 10 folders)

SHIPPING ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT:

Credit Card (Visa/MasterCard only) – email to contactus@iowwa.com or fax to 1-480-802-6643

Credit Card # _____ Exp. Date: ____/____/____ Amt: \$ _____

BILLING STATEMENT ZIP CODE: _____ (must be completed to process charge)

Authorized Signature: _____

Cardholder email if different from above: _____

Check payable to "IOWWA" - Mail order form and your check to:

IOWWA, C/o Matt Vinsand, Executive Director
16027 Northpark Drive, Urbandale IA 50323

For questions, call 515-225-1051 (message only) | Fax: 1-480-802-6643
Website www.IOWWA.com | IOWWA EIN # 42-1483264