



# Privateer Press Demo Program Order Form

Privateer Press, Inc.

1705 136 Place NE STE 120

Bellevue, WA 98005

Phone: (425) 643-5900 Fax: (425) 643-5902

website: [www.privateerpress.com](http://www.privateerpress.com)

## Ordering information and instructions:

- Orders are limited to brick-and-mortar retail stores. Stores are limited to one copy of each available product on this list.
- We accept checks, money orders, Visa, MasterCard, American Express, and Discover. For credit card orders, please fax completed form to (425) 643-5902 or email the completed form to [retailsupport@privateerpress.com](mailto:retailsupport@privateerpress.com)
- Price does NOT include shipping. Payment is due before order ships. Shipping will be added at the time of order.
- If you have any questions, please contact [retailsupport@privateerpress.com](mailto:retailsupport@privateerpress.com)

## SHIPPING INFORMATION

Store name: \_\_\_\_\_ Contact name: \_\_\_\_\_ Order date: \_\_\_\_\_  
 Street: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## ORDER INFORMATION:

Check your Selection	PIP	Item	MSRP	Price*
	61002	<i>WARMACHINE High Command</i>	\$44.99	\$10.00
	61003	<i>HORDES High Command</i>	\$44.99	\$10.00
	61020	<i>WARMACHINE High Command Faith &amp; Fortune Core Set</i>	\$44.99	\$10.00
	62001	LEVEL 7 [ESCAPE]	\$54.99	\$12.00
	62004	LEVEL 7 [OMEGA PROTOCOL]	\$89.99	\$18.00
	62007	LEVEL 7 [INVASION]	\$89.99	\$20.00
	60003	Scrappers	\$24.99	\$4.00
	60004	Heap	\$21.99	\$4.00
	60005	Infernal Contraption, 2 <sup>nd</sup> Edition	\$21.99	\$4.00
	60007	BodgerMania	\$21.99	\$4.00
	60008	Zombies Keep Out	\$35.99	\$10.00
	417	<i>Iron Kingdoms Unleashed Adventure Kit</i>	\$44.99	\$13.00
	61019	The Undercity	\$94.99	\$20.00
	N/A	All of the Above	\$566.88	\$139.00

\*Price does NOT include shipping. Shipping will be added at the time of order.

Order total: \$ \_\_\_\_\_

## PAYMENT INFORMATION

If paying by check or money order, please mail completed form with payment to the address above.

If paying by credit card, please enter the following information and fax completed form to the number listed above.

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

3-digit CVV code: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_

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