For Promotions, please enter item number(s) and description(s) in the promo section below.

QTY.	ITEM#	DESCRIPTION/COLOR	WEIGHT	TOTAL WEIGHT	PRICE	TOTAL PRICE
Lucky 7 Promo - Choose one each from the Lucky 7 Promo for FREE While Supplies Last! See page 1 for details.						
Food Promos – Get up to 7 items for FREE! See Promo section for details.						
Program Specials (if applicable)						

Weight Total _____
(cannot exceed 424 oz. of product)

	Merchandise			Sales Tax		Total
Taxable Food (marked w/ a "★" star)		Multipy taxable Food items by your facility's tax rate (see inside back cover)	X		=	
Non-Taxable Food		X		N/A	=	
Subtotal						
Processing Fee	$4.00	Add tax to your processing fee per your facility's tax rate (see inside back cover)	X		=	
TOTAL AMOUNT DUE						

❑ **Yes, I have completed all five steps on the front of the order form.**

***Please see Ordering Information page on inside back cover for ordering instructions.**

OH Food Package Program

1 From: (Please Print)

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: (____) _____

Email: _____

2 Ship to: (Please Print)

Name: _____

ODRC#: _____

Institution: _____

Dorm/Housing: ___ Inmate Box#: _____
(if applicable)

Street Address: _____

City: _____

State: _____ Zip: _____

3 Substitutions:

In the event of a back order, is it okay to substitute like items of equal or greater value?

Yes ❑

No ❑

We recommend choosing **YES**. If a selection is not made, Access Securepak® will not substitute for items ordered that are out of stock or that have been restricted by the state or institution.

4 Select Payment Method:

Institutional Check ❍ Money Order ❍ MasterCard ❍ VISA ❍ DISCOVER ❍ Prepaid Account ❍

(Make Institutional Checks & Money Orders Payable to ACCESS SECUREPAK®)

Inmate Signature: _____

(Please sign on the inmate signature line to authorize Prepaid Account Transaction)

Cardholder Name: _____
(Please Print)

Cardholder's Signature: _____

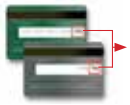
Daytime Phone Number: (____) _____

Credit Card Number

Expiration Date: _____ Today's Date: _____

As an added Security measure, please note the three-digit security code on the back of your card.

Para agregar medida de seguridad, por favor inserte el código de seguridad al reverso de su tarjeta.



Last 3 digits of account number panel

Prices include all applicable sales tax.

5 Weight Limit:

In case the weight exceeds the state issued limit of 30 lbs. (480 oz: 424 oz product and 56 oz packing material).

❍ Yes, please take off items to ensure package does not exceed (30 lbs.) weight limit.

❍ No, do not take any items off order and return order form to sender. The order will not be processed until weight limit is met.

MAIL COMPLETED ORDER FORM WITH PAYMENT TO:

Access Securepak® (OH)

10880 Linpage Place, St. Louis, MO 63132

Your family can also call

1-800-546-6283

to place a credit card order or visit us at

ohiopackages.com

FOOD PURCHASE LIMITS:

Food Items	Inmate Purchase Limit
Beans	10 Each
Breakfast Bars	5 Each
Candy	5 Bags
	36 Bars
	4 Misc.
Cheese	5 Each
Chips/Snacks	10 Each
Coffee/Cappuccino	10 Each
Cold Cereals	4 Each
Condiments	50 Each
Cookies	10 Each
Crackers	5 Each
Creamer	50 Each
Drink Mixes	10 Each
Hot Cereal	5 Boxes
Hot Chocolate/Cocoa	5 Boxes
Instant Non-Fat Dry Milk	2 Each
Meat Snacks/Jerky	20 Each
Noodles/Pasta	20 Each

Food Items	Inmate Purchase Limit
Nuts/Popcorn/Snacks	20 Each
Olives	5 Each
Pastries/Snack Cakes	10 Each
	5 Boxes
Peanut Butter	10 Each
	2 Boxes
Pickles	5 Each
Pop Tarts	5 Boxes
Ramen Noodle Soup	30 Each
Ready To Eat Meals	20 Each
Rice	10 Each
Seafood	15 Each
Seasoning	10 Each
Soup Mixes	5 Each
Sugar Substitute	2 Each
Tea	2 Each
Tortillas	5 Each
Vegetables	30 Each