



COUPON ORDER FORM

First Name: _____ Last Name: _____

Phone Number (w/ area code): _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Please choose which categories you are most interested in.

- | | |
|--|--|
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Baby |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Household Items |
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> All Categories |

Send Form and \$2.00 Processing and Handling Fee to:

PTS Direct Benefits

Attn: Member Services

113 North Park Avenue

Calhoun, GA 30701