



# Massachusetts Long Term Care Mutual Aid Plan



## ORDER FORM MASSMAP EMERGENCY EVACUATION FORMS

Jensen Hughes Invoice #:

Facility Information		Order Date:	
Contact Person		Phone	
Contact Email			
Facility Name			
Address			
City	State	Zip	
Total Licensed Bed Count Number		<i>Supply of forms is based upon total licensed beds</i>	

Form Description	\$ .35 Cents per Form	Quantity	Line Total
Resident Emergency Evacuation Forms <i>(Order 150% of facility total bed count)</i>		@ \$.35 each	\$
Resident/Medical Record/Staff/Equipment/Tracking Sheet <i>(Order 33% of facility total bed count)</i>		@ \$.35 each	\$
Influx of Resident Logs <ul style="list-style-type: none"> <li>150 bed facility or less – order 5</li> <li>151 bed facility or greater – order 10</li> </ul>		@ \$.35 each	\$
Shipping Charge <i>(Determined by quantity of forms, packaging size and desired delivery method via FedEx – FedEx Overnight, 2-day, Express Saver).</i> We will provide you with the shipping cost prior to processing your order.			\$
<b>TOTAL DUE</b>			\$

Please return the completed Order Form and the Credit Card Authorization Form to: [Kim.Joyce@jensenhughes.com](mailto:Kim.Joyce@jensenhughes.com)





# JENSEN HUGHES

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ authorize Jensen Hughes to charge my credit card for services rendered, not to exceed the amount shown.

INVOICE NO. \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV # \_\_\_\_\_

(3 or 4 digit security number)

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

(As it appears on card)

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE