

# FINGER REMOVAL ORDER

DEADLINE: AUGUST 12

Desired Finger(s) Removed: \_\_\_\_\_

Remove Finger(s): \_\_\_\_\_ X      \$250 / Finger = \$ \_\_\_\_\_

Company: \_\_\_\_\_ Space: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Authorized Signature x \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

**Balance Due: \$ \_\_\_\_\_**

**All orders must be paid in full by September 5**

Submit Request to: [jprikto@nmma.org](mailto:jprikto@nmma.org)

Questions Contact Jon Pritko 646-370-3645 or [jprikto@nmma.org](mailto:jprikto@nmma.org)