

MJD Message-On-Hold Order Form

Order Form

MJD Patient Communications • 4915 St. Elmo Avenue, Suite 306 • Bethesda, MD 20814 • Phone 301-657-8010 • Fax 301-657-8023

Looking for a Message-On-Hold System for Your Practice?

Look no further. MJD has been supplying practices with Digital On-Hold systems since 1991. We invite you to compare us. You will find that MJD offers the **Best Variety**, the **Best Prices**, the **Best Service**, the **Best Warranty** and a **Satisfaction Guarantee!**



OH 5508



OH 3108

You will also find that MJD has:

- Over 16 years of On-Hold experience.
- The best variety of autoloader, digital systems available.
- Generic Starter Messages with every system.
- 6 & 8 minute Custom Productions with 8 to 15 messages.
- FLASH MEMORY for immediate playback after power outages.
- Packages created to fit every need and budget.
- **FIVE YEAR UNCONDITIONAL WARRANTY**
- **PRODUCTION SATISFACTION GUARANTEE**

OH 5008 – 8-minute CD System with One Generic On-Hold Production.....	\$599.00
OH 5508 – 8-minute CD System with One Generic On-Hold Production and 4 Adapters for Analog Phones.....	\$899.00
OH 3108 – 8-minute Digital System with One Generic On-Hold Production.....	\$699.00
6 & 8 Minute Custom Productions – Written and Produced to Your Specifications.....	\$400.00
5 Custom Production Package(SAVE \$500.00).....	\$1,500.00

Satisfaction Guaranteed.... If you are not satisfied, call us within 30 days and we will correct the problem or issue a refund.

TERMS: All orders prepaid. AMX, Visa, MC and Checks with Credit Card on file.

All music licensing and royalty fees paid by MJD. All productions are copyrighted by MJD Patient Communications.

_____ **OH 5008** System @ \$599.00 each = \$ _____

_____ **OH 5508** System @ \$899.00 each = \$ _____

_____ **OH 3108** System @ \$699.00 each = \$ _____

_____ **Custom Productions** @ \$400.00 each = \$ _____

Other _____ = \$ _____

S & H (8% UPS Ground, 13% 2nd Day, 22% Overnight and 23% plus International) \$ _____

Maryland Offices: Please add 6% Sales Tax = \$ _____

TOTAL COST = \$ _____

Name: _____ Practice: _____ Specialty: _____

Address: _____ E-Mail: _____ Website: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Check Enclosed: _____

Credit Card #: _____ Exp. Date: _____ Use this card for future orders: Yes No

Name on Credit Card: _____

Cardholder Signature: _____ Date: _____