

ordering information	
order forms	,

ORDERING INFORMATION

PROGRAM DATES:

Ordering Begins: February 15, 2019 Delivery to facility: Daily

WAYS TO ORDER:

Online: tennesseepackages.com Phone: 1-800-546-6283 Mail: Access Securepak (TN), 10880 Linpage Place St. Louis, MO 63132 Fax: 1-866-754-2813

ACCEPTABLE FORMS OF PAYMENT:

- Credit/Debit Cards-VISA, MasterCard, Discover
- · Prepaid cards that have a verifiable United States address
- Cashier's check
- Money order

We do not accept personal checks and will return them to the sender. Credit/debit and prepaid cards will be charged on the day the order is placed. Refunds or credits will be applied to the card used for the order (allow additional time for refunds/credits on prepaid cards). Access Securepak reserves the right to remove one or more items from the order due to insufficient payment.

SALES TAX: Access Securepak is required by the state of Tennessee to collect a specific tax rate per facility on all items and a 5% Handling Fee. Please see Tax Rate Chart below.

TAX CHART:

Facility Name	Tax Rate %	Tax Rate Decimal
Bledsoe County Correctional Complex	9.250%	0.0925
Hardeman County Correctional Facility	9.750%	0.0975
Lois M. DeBerry Special Needs Facility	9.25%	0.0925
Mark H. Lutterell Correctional Center	9.25%	0.0925
Morgan County Correctional Complex	9.00%	0.0900
Northeast Correctional Complex (Annex)	8.50%	0.0850
Northeast Correctional Complex Main	8.50%	0.0850
Northwest Correctional Complex	9.75%	0.0975
Riverbend Maximum Security Institution	9.25%	0.0925
South Central Correctional Facility (Corecivic)	9.75%	0.0975

Facility Name	Tax Rate %	Tax Rate Decimal
Tennessee Prison for Women	9.25%	0.0925
Trousdale Turner Correctional Center (Corecivic)	9.25%	0.0925
Turney Center Industrial Prison & Farm (Annex)	9.75%	0.0975
Turney Center Industrial Complex	9.75%	0.0975
West Tennessee State Penitentiary (WTSP)	9.75%	0.0975
Whiteville Correctional Facility (WCFA)	9.75%	0.0975

ELIGIBILITY: Access Securepak verifies inmate eligibility before shipping packages, if applicable.

LIMITS: Maximum of one Order per inmate, per

Calendar Quarter. Quarter One ordering begins January 1 and ends on March 31 and Quarter Two begins on April 1 and ends on June 30. Order may be placed and received anytime during the calendar quarter. Maximum box size is 2'x 2' x 1.5'. Only one box per shipment unless a fan or TV is purchased, at which point the fan or TV can be shipped as a 2nd box. Specific items will have quantity restrictions enforced by the Tennessee DOC. If the order Items DO NOT fit in the maximum box size, we will remove products until they fit in the maximum box size. Any merchandise order \$10.00 or greater will have free freight charges. Any merchandise order less than \$10.00 will be assessed a \$6.95 freight fee.

CATALOG CHANGES: Every effort has been made to show and describe the merchandise as accurately as possible. Because many manufacturers change an item's design, color, package size and style after our catalog is produced, we reserve the right to discontinue or change product specifications without prior notice. We regret any changes that might occur and will make every effort to minimize these occurrences. Inadvertent errors in product descriptions, pricing and special offers are not binding on Access Securepak, and we may make adjustments at any time. Prices and offers are subject to change and available while supplies last. Always consult the tennesseepackages.com website for the latest updates on this package program.

CUSTOMER SERVICE:

tennesseepackages.com Automated system is available 24 hours a day, seven days a week. 1-800-546-6283 Live bilingual representatives are available Monday through Friday, 7:30 a.m.–11 p.m. CST, and Saturday, 10 a.m.–4 p.m. CST. MAIL COMPLETED ORDER FORM WITH PAYMENT TO: Access Securepak[®] (TN) 10880 Linpage Place, St. Louis, MO 63132

From: (Please Print)

First Name	
Last Name	
Street Address	
City	_ Zip
Daytime Phone ()	
Email:	



Ship to: (Please Print)

First Name
Last Name
TDOC Inmate #

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 $^{\ensuremath{\mathbb{R}}}$ will not substitute for items ordered that are out of stock or that have been restricted by the state or institution.

GROUP LIMITS

Group Limit	Quantity Per Order
Adapter	1
Address Book	1
Bathrobe	1
Belt	2
Caps (Hats)	2
Coaxial Cable	1
Combs (Brushes)	2
Cups	1
Fans	1
Games	2
Gloves (Pair)	1
Hair Rollers	20
Handkerchief	8
Lamps	1
Mens Underwear	12
Mesh Bags	2
Nail Clippers	1

Group Limit	Quantity Per Order
Necklace	1
Other Shoes (Boots, Slippers)	1
Pajamas	4
Photo Album	1
Pillow Case	2
Poncho	1
Radio	1
Remote	1
Rings	2
Rugs	1
Sheets	2
Shirt	12
Shoe Polish	1
Shoes	3
Shoestrings	1
Shower Caps	3
Shower Shoes	1

Your family can also call 800-546-6283 to place a credit card order or visit us at

tennesseepackages.com

Select Payment Method:

Institutional Check O Money Order O MasterCard O VISA O DISCOVER O Prepaid Account* O

Inmate Signature

*Please sign on the Inmate Signature line to authorize Prepaid Account transaction.

Cardholder's Signature _ (Make Institutional Checks & Money Orders Payable to ACCESS SECUREPAK®)

Cardholder's Name (Please Print)_

Cardholder's Signature _

Daytime Phone Number (_____) _

Credit Card Number

the back of your card.

Expir	ation	Date):			Tod	ay's	Date				

As an added Security measure, please note the three-digit security code on

Last 3 digits of account number pane

el		

Group Limit	Quantity Per Order
Soap Dish	1
Socks (Pair)	12
Sweatpants/Shorts	2
Sweatshirt	2
Thermal Drawers	2
Thermal Shirts	2
Toothbrush	2
Toothbrush Holder	2
Towels	4
Television	1
Tweezers	1
Wallet	1
Washcloths	4
Watch	1
Watchband	1
Womens Underwear	12

TENNESSEE QUARTERLY PACKAGE PROGRAM

	Please enter your order information in the section below.									er your order information in the section below.			
QTY.				17	ГЕМ	#				DESCRIPTION/COLOR	SIZE	PRICE	TOTAL PRICE
					<u> </u>								
											Items	Subtotal	
Please list yo	our 2 nd	shoe	choid	e in t	he ev	ent yo	our firs	st sho	e cho	ice is not available.			
	1		1			1	1			1			

Yes, I have completed all 4 steps on the front of the order form.

*See page 66 for ordering instructions.

MERCHANDISE TOTAL BOX:

\$			=	\$						
Merchandise Subtotal				Merchandise Subtotal						
\$	x	0.05	=	\$						
Merchandise Subtotal		TN DOC Handling Fee**		Handling Fee Total						
**TN DOC Ha	ndlin	g Fee is 5% of the mercha	ndise	e total						
\$	x		=	\$						
Merchandise Subtotal	1	Tax rate for your facility (see page 66)	1	Sales Tax Total						
GRAND TOTAL \$										
Merchandise + Handling Fee + Sales Tax = Grand Total										

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quarterly package program order forms

MAIL COMPLETED ORDER FORM WITH PAYMENT TO: Access Securepak[®] (TN) 10880 Linpage Place, St. Louis, MO 63132

From: (Please Print)

First Name	
Last Name	
Street Address	
City	_ Zip
Daytime Phone ()	
Email:	



Ship to: (Please Print)

First Name
Last Name
TDOC Inmate #

Substitutions:

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Games	2
Gloves (Pair)	1
Hair Rollers	20
Handkerchief	8
Lamps	1
Mens Underwear	12
Mesh Bags	2
Nail Clippers	1

Group Limit	Quantity Per Order
Necklace	1
Other Shoes (Boots, Slippers)	1
Pajamas	4
Photo Album	1
Pillow Case	2
Poncho	1
Radio	1
Remote	1
Rings	2
Rugs	1
Sheets	2
Shirt	12
Shoe Polish	1
Shoes	3
Shoestrings	1
Shower Caps	3
Shower Shoes	1

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tennesseepackages.com

Select Payment Method:

Institutional Check O Money Order O MasterCard O VISA O DISCOVER O Prepaid Account* O

Inmate Signature

*Please sign on the Inmate Signature line to authorize Prepaid Account transaction.

Cardholder's Signature _ (Make Institutional Checks & Money Orders Payable to ACCESS SECUREPAK®)

Cardholder's Name (Please Print)_

Cardholder's Signature _

Daytime Phone Number (_____) _

Credit Card Number

the back of your card.

Expir	ation	Date	e:			Tod	ay's I	Date				

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el			
	-		

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Towels	4
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											Items	Subtotal	
Please list yo	our 2 nd	shoe	choid	ce in t	he ev	ent yo	our fir	st sho	e cho	ice is not available.			

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**TN DOC Ha	**TN DOC Handling Fee is 5% of the merchandise total							
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GRAND TOTAL \$								
Merchandise	+ Ha	ndling Fee + Sales Tax = 0	arand	Total				

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Last Name	
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City	_ Zip
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Email:	



Ship to: (Please Print)

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Shoe Polish	1				
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Shower Caps	3				
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Daytime Phone Number (_____)

Credit Card Number

the back of your card.

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