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ORDER FORM

BILL TO:

Name _____

Company _____

Address _____

_____

City _____ St ____ Zip _____

Telephone _____

SHIP TO:

Name _____

Company _____

Address _____

_____

City _____ St ____ Zip _____

E-mail _____

METHOD OF PAYMENT:

☐ **CHECK or MONEY ORDER**

☐ **CREDIT CARD** – Circle one: **VISA** **MasterCard** **American Express** **Discover**

Credit Card No: _____ Expiration Date: _____

Card Holder's Signature: _____

☐ **AUTHORIZED PURCHASE ORDER** – Purchase Order Number:

☐ **30-DAY APPROVAL**

Signature required _____ Date _____

I understand that the materials I have requested will be sent with an invoice. I agree to pay the invoice or return the materials at my expense within 30 days of the invoice date.

TITLE	ISBN	QTY	PRICE	TOTAL

We will add actual shipping and handling charges to credit card and billed orders. Add 20% of subtotal to cover costs of shipping and handling to locations outside of the continental U.S., Canada, and Mexico.

SUBTOTAL	
ADD 15% SHIPPING/HANDLING	
OHIO RESIDENTS ADD SALES TAX	
TOTAL	