

Book Order Form

Order Date: ____ / ____ / 200__

Purchase Order Number: _____ (Credit cards are accepted.)

For security reasons, if you want to use a credit card, please indicate the card type only on the above line and we will schedule a call to complete your order.

Order Specifications

Requested Delivery Date: ____ / ____ / 200__

(Must be 7 days from order date to avoid rush charges.)

Copies: _____ Product Name: _____ Code #: _____

Do you need express delivery? (check one box) No If Yes, when? Overnight 2-day 3-day (Rush charges may apply.)

Institutional Billing Information

Billing Contact: _____

School Name: _____

Billing Address: _____

City: _____ State: ____ Zip+4: _____ - _____

Phone: _____ - _____ - _____ x _____ Fax: _____ - _____ - _____

Email: _____

Delivery Address and Personal Contact Information

(check here if same as above)

Deliver to: _____

School Name: _____

Street Address: _____

City: _____ State: ____ Zip+4: _____ - _____

Phone: _____ - _____ - _____ x _____ Email: _____

Fees

_____ Books at \$ _____ each \$ _____ .00

_____ Lab Software at \$ 89.00 each _____ .00

_____ Test Software at \$ 99.00 each _____ .00

Shipping (estimated at order confirmation) _____ .00

6% NJ sales tax (NJ state delivery only) _____ .00

Rush Charges _____ .00

Total: \$ _____ .00

Agreed to and accepted by:

Signed: _____ Dated: ____ / ____ / _____

Please print first and last name: _____