

# Order Form

Date:

## Ordered By

Name:

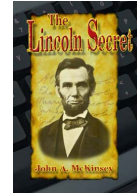
Address:

State/Province:

Zip/Postal Code:

Phone:

Email:



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### Form Options:

Complete form, print and then either fax it, mail it, or submit it directly by using the the "Submit by Email" button at the top of this form.  
 Please print a copy for your records

Item	Description	Quantity	Unit Price	Amount
<b>Sub-total</b>				
<b>S &amp; H</b>				
<b>CA sales tax</b>				
<b>Grand Total</b>				

**CA residents please add the amount calculated below**

CA Tax

## Payment

**Check or Money Order (enclosed)**

**Credit Card**

**Visa**

**Mastercard**

Please check box if you would like the author to sign your book(s)

Card Number:

Expiration Date:

Cardholder Name:

CVV code:

## Internal Use Only

Order Completed:	
Ship Date:	