



ORDER FORM

Ordered By

Name:

Company:

Phone:

Email:

Payment Method

1.) Check / Money Order

2.) Purchase Order #:

3.) Credit Card #:

Name on Credit Card:

Card Type: Exp. Date:

Billing Address

Attention:

Company:

Address 1:

Address 2:

City:

State: ZIP Code:

Shipping Address

Attention:

Company:

Address 1:

Address 2:

City:

State: ZIP Code:

Addresses are the same.

Item #	Product Description	Quantity	Total Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

California state residents please include 8.25% sales tax with your order. Shipping is not taxable.	Order Subtotal	<input type="text"/>
	Tax	<input type="text"/>

Shipping Method

Shipping is based on total items purchased. For standard ground shipments, the first item is \$9.99, and **each additional item** is \$6.99. If you prefer, orders can be shipped priority service anywhere in the U.S. Second day is \$25.00, and **each additional item** is \$15.00. Orders ship within 48 hours of approval, and you will receive an email confirmation once your order has shipped. Please calculate your shipping cost below.

For customers paying by check, your order will be expedited as soon as funds are verified. For personal checks, please include your driver's license number, state it was issued in, and date of birth on check.	Shipping	<input type="text"/>
	Order Total	<input type="text"/>

Please make checks payable to Medicalcodingbooks.com. Thank you for your order.

Check #:	Order #:	< For Office Use Only
Date:	Date:	