



YOUR COMMUNITY BOOKSELLER

Customer Order Form			DATE	EVENT NAME		
TITLE	FORMAT	ISBN	QTY	PRICE	TOTAL	
				SUBTOTAL		
				SHIPPING		
				SALES TAX		
				TOTAL		

1. BILLING ADDRESS

2. SHIPPING ADDRESS

Use billing address

3. METHOD OF PAYMENT

CONTACT NAME

BUSINESS NAME

ADDRESS

ADDRESS

EMAIL

PHONE

CONTACT NAME

BUSINESS NAME

ADDRESS

ADDRESS

EMAIL

PHONE

Check Cash Visa MC

Credit Card No. _____

Security Code _____ Expiration Date _____

NAME OF CARDHOLDER

SIGNATURE DATE

4. I'M INTERESTED IN... Hosting an Event Becoming a Community Bookseller Receiving Email Updates