

EMAIL

PHONE

YOUR COMMUNITY BOOKSELLER

Customer Order Form	DATE		EVENT NAME					
TITLE		FORMAT		ISBN		QTY	PRICE	TOTAL
				I			SUBTOTAL	
							SHIPPING	
							SALES TAX	
							TOTAL	
1. BILLING ADDRESS	2. SH	<b>GHIPPING ADDRESS</b> Use billing address			3. METHOD OF			x Discover
CONTACT NAME	CONT	ITACT NAME			Credit Card No.			
BUSINESS NAME	BUSIN	USINESS NAME			Security Code Expiration Date			
ADDRESS	ADDR	ESS			-			
ADDRESS	ADDR	ESS			NAME OF CARDHOLD	ER		

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

EMAIL

PHONE

SIGNATURE

DATE