



COMMAND[®]

S P A N I S H

~ • CONSUMER DIVISION • ~

HOW TO ORDER

| PHONE | FAX | MAIL |
|-------------------------------|---|---|
| Call our Sales Department at: | Print and complete this order form and fax it to: | Print and complete this order form and mail it to: |
| 601-582-8378 | 601-582-5177 | <i>Command Spanish ATTN: Sales Department PO Box 1091 Petal, MS 39465</i> |

*** = Required Information**

PERSONAL INFORMATION

| | |
|---------------------------|---------|
| *Name: | E-mail: |
| Company: | |
| *Address (No P.O. Boxes): | |
| *City: | *State: |
| *Telephone: | *ZIP: |
| | Fax: |

PRODUCT INFORMATION

| ISBN | Title* | Qty* | Unit Price* | Extended Price* |
|--|----------------------------|-----------------------------|-------------------------------|-----------------|
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| SHIPPING & HANDLING (for Ground Delivery in the Continental U.S.) | | | Subtotal* | |
| Quantity Ordered | Commercial Delivery | Residential Delivery | Tax (MS only) – x .07* | |
| 1-15 | \$5.60 | \$7.60 | Subtotal* | |
| 16+ | 35¢ ea. | 55¢ ea. | Shipping/Handling* | |
| For faster delivery options, please phone 1-800-250-8637 for shipping fees. | | | TOTAL* | |

PAYMENT INFORMATION

| | |
|--|---|
| Choose a Payment Type: <input type="checkbox"/> VISA (see right) <input type="checkbox"/> MasterCard (see right) <input type="checkbox"/> Check (enclosed) <input type="checkbox"/> Money Order (enclosed) | Card Number: Expiration Date: / (Use this format: 02/05) Cardholder's Name (as it appears on the card): |
| Signature: | |

To reach us by phone, dial 601-582-8378; 8AM-5PM (CST); Monday-Friday

Thanks for your order!