Center for Phlebotomy Education Order Form

Billing Add	dress: (Note: When paying b	y credit ca	rd, this address m	ust matcl	h the credit card's bi	lling address.)
Name (as	it appears on credit card)					
Organizati	on					
Street Address				Add	dress is: Work	Home
City		Stat	e/Province		Postal Code	
Phone		Fax				
E-mail						
Shipping Address: (If different from billing address above.)						
Name						
Organizati	on					
Street Address is: Work Home						
City	State/Province Postal Code					
Phone		Fax				
E-mail						
Item #	Desc	ription		Qty	Price	Total
SHIPPING RATES:					Shipping Sub-total	
Free shipping to all 50 states on orders over \$100. \$12 flat fee on all U.S. orders under \$100. Indiana Resider			nts Only	7% Sales Tax		
Call us toll-free at 866-657-9857or for International shipping estimates or send us an email at support@phlebotomy.com.						
Credit / Do	ebit Card Payment Inforr	mation:				
Visa	Master Card	Am Ex	Discover	ſ	_	
Credit Card Number Expiration						
Signature of Card Holder CSC#						
Printed Name of Card Holder						

Other Payment Options: Check Enclosed Purchase Order Attached

Purchase order or order with check can be mailed to: P.O. Box 5, Corydon, IN 47112. Facility purchase orders can also be emailed to support@phlebotomy.com (we need <u>copy</u> of original PO)