## Center for Phlebotomy Education Order Form

Dinning Ad	dress: (Note: When paying by credit card, this address mu	st match	i the credit card S b	illing address.)
Name (as	it appears on credit card)			
Organizat	ion			
Street Address		Add	ress is: Work	Home
City	State/Province		Postal Code	
Phone	Fax			
E-mail				
Shipping	Address: (If different from billing address above.)			
Name _				
Organizat	ion			
Street Ad	dress	Add	ress is: Work	Home
City	State/Province		Postal Code	
Phone	Fax			
E-mail				
Item #	Description	Qty	Price	Total
			Shipping	
	Litab Decidente	Only	Sub-total	
	<u>Utah Residents</u>	Only	Sub-total Sales Tax	
	<u>Utah Residents</u> I shipping or rates to Canada, Alaska, or Hawaii, toll-free at 866-657-9857or send us an email at customer.support@phle	-	Sub-total Sales Tax Total	
olease call us	I shipping or rates to Canada, Alaska, or Hawaii,	-	Sub-total Sales Tax Total	
olease call us	I shipping or rates to Canada, Alaska, or Hawaii, toll-free at 866-657-9857or send us an email at customer.support@phle	-	Sub-total Sales Tax Total	
Payment Visa	I shipping or rates to Canada, Alaska, or Hawaii, toll-free at 866-657-9857or send us an email at customer.support@phle	-	Sub-total Sales Tax Total	
Payment Visa Credit Ca	I shipping or rates to Canada, Alaska, or Hawaii, toll-free at 866-657-9857or send us an email at customer.support@phle  Information:  Master Card Am Ex Discover	-	Sub-total Sales Tax Total om.	
Payment Visa Credit Ca Signature	I shipping or rates to Canada, Alaska, or Hawaii, toll-free at 866-657-9857or send us an email at customer.support@phle  Information:  Master Card Am Ex Discover and Number	-	Sub-total Sales Tax Total om.  Expiration	

Send this form with a check, credit card information, or a valid purchase order from your facility to:

Mail: 55N Merchant St. #487, American Fork, UT 84003

E-mail: customer.support@phlebotomy.com