



State of Wisconsin
Department of Administration
Document Sales and Distribution
4622 University Ave.
Madison, WI 53705-2156
DOADocumentSalesInformation@wisconsin.gov

DOA-3330 (R05/2012)

To Order and/or for further Information please call:
(608) 266-3358 or Long Distance: 1-800-DOC-SALE
(362-7253)

FAX: (608) 261-8150

Please make Check or Money Order payable to:
WI Department of Administration

Open Monday through Friday, 7:45 am to 4:30 p.m.

Inter-D Address: DOA / 4622 University Ave. / DocSales

Document Sales Order

Ordered By:

Name _____
Organization's Name _____
Billing Address _____
P. O. Box _____
City, State and ZIP + 4 _____
Daytime Telephone (include area code) _____
Email Address _____

Ship To: (if different from above)

Name _____
Organization's Name _____
Ship to Address _____
P. O. Box _____
City, State and ZIP + 4 _____
Ship to Telephone No. _____

Stock Number	Quantity	Description	Item Price	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

State Government Customers Only	
General Services Billing Information	
Customer Use Code	
Optional Data	
Optional Order Number	
Authorized Signature:	
Credit Card Customers Only	
<ul style="list-style-type: none">Orders by phone are accepted when purchases are made with VISA or MasterCardInclude Credit Card Account Number, Expiration Date, Verification Code, and your Signature.The billing address above must match address on your credit card statement.	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card Number	
Expiration Date (mm/dd/ccyy)	Card Verification Code (CVC)
Signature	

Subtotal		\$0.00
Add 5% state sales tax (WI residents only)		
Add 0.5% WI county sales tax (if applicable)		
Add 0.1% or 0.5% stadium tax (if applicable)		
Add \$2.50 Credit Card Processing Fee (if applicable)		
Total		\$0.00
<ul style="list-style-type: none">Your order is subject to return if there are errors on the Order Form and/or an incorrect amount was submitted.For assistance please call: (608) 266-3358.		
For Office Use Only		
Date (mm/dd/ccyy)	CSR	
Order No.	Customer No.	
Approval Number	New Exp. Date (mm/dd/ccyy)	
Amount Paid		
Payment Type <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> V/MC <input type="checkbox"/> GSBS <input type="checkbox"/> FR		

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