## Order Form

CCI representative:	
Date:	

PLEASE INCLUDE A SEPARATE MAILING

LIST. NO P.O. BOXES.

## **●●■** career communications, inc.

Contact Person:		Agenc	y:		
	Fax:				
Bill to Address					
Name:		Agency:			
Address:					
City:			_State:	ZIP:	
Phone:	Fax:		_ E-Mail:_		
Ship to Address					
Name:		Institution:			
Address:					
City:			_State:	ZIP:	
Phone:	Fax:		_ E-Mail:_		
Item # # of Sets/Copies *	Item Descrip	otion		Price per Set/Copy*	Total
	·				
				Total Order Amounts	\$
				Total Order Amount:	т
Customization			Training Costs:		\$
Plate Change Charge			Plus Shipping/Handling:		\$
Design Costs: \$250 p			Total Customization Costs:		\$
Inserts: ☐ 4-Page ☐	8-Page			TOTAL AMOUNT:	\$
TOTAL CUSTOMIZATION	соятя \$				
Mak	had of Downsont			How to O	rder
Met	hod of Payment			Purchase Order to: 1	-913-362-4864
Check/Money Order	Purchase Order No		OR		
VISA MasterCard			MAIL TO: Career Communications, Inc.		
			6701 West 64th Street, St Overland Park, Kansas 66		
				•	
I have the authority to contract	t for the above purchase on the			dditional information, <b>0-669-7795</b>	Call.
have the authority to contract for the above purchase on the erms and conditions set forth in the purchase order attached			IF MULTIPLE SHIPPING LOCATIONS.		
and to make obligation to nav	tor this nurchase		ı⊢ ıvıt.	ILLIPLE SHIPPING	LUCATIONS.

Date: