

APCO 2010 CPR Services Order Form

Contact: _____ Title: _____

Daytime Phone: _____ Fax: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Ship To:		Bill To:	
Quantity	Item Description	Unit Price	Total
	Form2010 CPR Guide Cards	\$20.00	
PURCHASE ORDER #		Shipping & Handling	
(COPY REQUIRED)		7%	
-VISA -MASTERCARD -DISCOVER -AMEX			
#			
EXP			
Name on Card		Total Order	

Please Read Terms & Conditions Carefully (signature required)

This form serves as a contract and must be signed and returned with all draft sets of guide cards submitted for revisions. A method of payment must also accompany this order before any customization of guide cards can begin. Please sign below and return to APCO Institute upon acceptance.

Name _____ Date _____

Name Printed _____ Title _____

APCO Institute 351 N. Williamson Blvd, Daytona Beach, FL 32114-1112

Voice 386-322-2500 or Fax 386-322-9766