



CERTIFICATE REPRINT AND RESEARCH ORDER FORM

Contact Name: _____ Order Date: _____
 Agency Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Fax: _____
 Email: _____

Ship to:	Bill to:
Agency:	Agency:
Street Address:	Address:
City/State/Zip	City/State/Zip

Material and Services	Quantity	Unit Price	Total
Certificate Reprints		\$15.00	
Certificate Research or Reconciliation		\$5.00 per name	
Please be certain your order is correct. All sales are final. Refunds or returns will not be accepted. If you are tax exempt, please include a copy of the certificate.		Sub Total:	
Method of Payment (U.S. Funds only): <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order # _____ (fax or attach copy)		TOTAL	

(Note: New Jersey – Original PO Only)

VISA MASTERCARD DISCOVER AMEX

Card#: _____ Exp: _____

Name on Card: _____

Cardholder Address: _____

Email Address: _____

Signature: _____

Return to:
 APCO International
 351 N. Williamson Blvd.
 Daytona Beach, Florida 32114
 Voice: 386.322.2500 Fax: 386.322.9766

This form must be used for all orders. Payment must accompany each order
