

**Outsource Laboratories Press, a division of IGS, Inc.**  
**PO BOX 187                      Matawan, NJ 07747-0187**

**Book Order Form**

**Order Date:** \_\_\_\_ / \_\_\_\_ / 200\_\_

Purchase Order Number: \_\_\_\_\_ (Credit cards are accepted.)  
For security reasons, if you want to use a credit card, please indicate the card type only on the above line and we will schedule a call to complete your order.

**Order Specifications**

**Requested Delivery Date:** \_\_\_\_ / \_\_\_\_ / 200\_\_  
(Must be 7 days from order date to avoid rush charges.)

Copies: \_\_\_\_\_ Course Title: \_\_\_\_\_ OL Code #: OL \_\_\_\_\_

Do you need express delivery? (check one box)  No    If Yes, when?  Overnight     2-day     3-day (Rush charges may apply.)

**Institutional Billing Information**

Billing Contact: \_\_\_\_\_

School Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Delivery Address and Personal Contact Information**

(check here if same as above)

Deliver to: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ Email: \_\_\_\_\_

**Fees**

\_\_\_\_\_ Books at \$ \_\_\_\_\_ each                      \$ \_\_\_\_\_ .00

Shipping (estimated at order confirmation)                      \_\_\_\_\_ .00

6% NJ sales tax (NJ state delivery only)                      \_\_\_\_\_ .00

Rush Charges                      \_\_\_\_\_ .00

Total:                      \$ \_\_\_\_\_ .00

**Agreed to and accepted by:**

Signed: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print first and last name: \_\_\_\_\_