Credit Card Order Form — Reprints

Complete ALL four (4) Sections Credit Card Order Form and Mail or Fax to:

E. O. Painter Printing Company, Inc. ❋ PO Box 877 ❋ DeLeon Springs, FL 32130 ❋ Fax: 386-985-4878

1. Mailing Address Information -Type or Print Clearly (Physical address for U.S. deliveries)

Phone: ( ) Fax: ( ) E-mail:

2. Billing Information - Type or Print Clearly

First Name:

Last Name:

Address:

City:

State or Region:

Postal code: Phone: ( )

Country: Fax: ( )

FL State Sales Tax Exempt Number (DR 13 or 14):

3. Order Information-Type or Print Clearly

_____**Copies** **Journal Name** _____**Volume** _____ **No.:** ____

Title _____

Senior Author: _____

Total Amount Due (Total Reprint charges from worksheet on reverse page) Charge to my credit card:$_____

Name on the card _____

Select Credit Card: ☐ MasterCard ☐ Visa ☐

																		—	

Credit card number 3 Digits on the back of MasterCard/Visa Expiration date

Signature_____**Date** _____

Authorization No.: _____ **(Office use only)**

4. Policy

***I agree that my credit card will be processed as a prepayment. Errors in my calculation of "total amount due" will result in this form being sent back for adjustment.**
***I agree that reprints will be shipped four to six weeks after the publication has been mailed.**
***I agree that delivery outside the contiguous United States can take four to six weeks.**
***I agree that credit card orders are NOT accepted via the Internet. Mail or fax a signed copy of this credit card order form.**

Signature: _____