Termark Technical Institute
Post Office Box 670326
Coral Springs, Florida 33067-0006
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Bookstore Order Form

Bill To:_____ **Ship To:**_____

Address:_____ **Address:**_____

City:_____ **City:**_____

State:_____ **Zip:**_____ **State:**_____ **Zip:**_____

Phone #:_____ **E-Mail:** _____

Merchant Credit Card Processors REQUIRE that the Bill To address be a physical street address and be the same as on your credit card statements. Those who do not receive a credit card statement at a physical street address will be required to furnish a copy to the top of your current statement for verification.

Charge This Transaction To Credit Card Number:

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Expiration Date: ____ / ____ **CID Code (3 or 4 digits)** ____ ____ ____ ____

Name on Card:_____

Billing Address:_____

Billing City / State / Zip:_____

My Order

QTY	DESCRIPTION	UNIT COST	EXT COST
		Sub-Total	**$**
		Shipping	**$**
	6% (Florida Residents Only)	**Tax**	**$**
		Total	**$**

I authorize you to charge my credit card under the terms of the card issuers agreement and agree to pay all sums when due. Signature:_____ **Date:**_____