

Med•Guide Order Form

Item	Quantity	Cost \$2 PER MED•GUIDE	Total
Med•Guide	_____	x \$2 =	=

+ Shipping & Handling (Select One) 1-2 Books Ordered + \$2⁰⁰ _____
 3-5 Books Ordered + \$2⁵⁰ _____
 6-10 Books Ordered + \$3⁰⁰ _____
Total Amount: _____

PAYMENT OPTIONS:

Check Enclosed

Mail Check and Order Form to:

Word Publications
P.O. Box 1338
Lubbock, TX 79408

Pay by Credit Card (Complete information below):

Authorization to bill to credit card:




Fill in information
and fax or mail.

Fax to:

806-744-2225

Mail to:

Word Publications
P.O. Box 1338
Lubbock, TX 79408

To Pay by MasterCard, VISA, Discover, Fill Out Below		
	MasterCard	
	Discover	
Card Number: _____		
Expiration Date: _____		V-Code: _____ <small>(3 digits on back of card)</small>
Amount: _____		Zip: _____
Card Billing Address: _____		

Your credit card will be charged by **Word Publications**,
 (For security reasons to protect you, we do not recommend sending this information via the Internet.)

**Mail
Med•Guides
to:**

Name: _____

Mailing/Street Address: _____

City: _____ State: _____ Zip _____

