

# ORDERING INFORMATION

## IT'S EASY TO ORDER!

PHONE	FAX	MAIL
<b>(402) 827-3590</b> We're here for you from 8am-5pm (CST).	<b>(402) 827-3594</b> Our fax machine is always on, 24/7.	<b>WELCOA</b> 9802 Nicholas St—Ste 315 Omaha, NE 68114

NUMBER OF COPIES	STANDARD PRICE	SPECIAL PRICE
1	<del>\$10.95 each</del>	\$9.95 each
2-99	<del>\$3.95 each</del>	\$3.95 each
100-999	<del>\$3.95 each</del>	\$3.95 each
1,000-2,499	<del>\$3.95 each</del>	\$3.95 each
2,500+	Call for quote	Call for quote

### MAILING OPTIONS

- Direct Shipment**  
▶ Please allow two weeks for delivery
- Home Mailing**  
▶ Call for quote

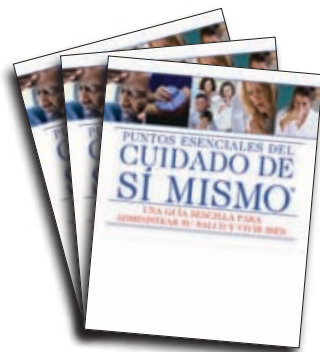
### PERSONALIZATION OPTIONS

Order 500+ *Self-Care Essentials* books and place your company's name and logo on the front of the book. A one-time \$59 personalization set-up fee will apply. Minimum order of 500 books required.



Color Options	500-999 books	1,000+ books
<input type="checkbox"/> 1-color (e.g. black only)	.45¢/book	.35¢/book
<input type="checkbox"/> 2-color (e.g. black + red)	.60¢/book	.40¢/book
<input type="checkbox"/> Full-color (e.g. black + red + blue)	.85¢/book	.55¢/book

Your Preferred Client ID is: ESTORE



**Order Your Spanish Copy Today!**

### ORDERING

- A. Quantity** \_\_\_\_\_ × price per book \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- B. Subtotal** \_\_\_\_\_ = \$ \_\_\_\_\_
- C. S&H** (Additional charges may apply for shipments outside the continental U.S.) = \$ \_\_\_\_\_  
 ▶ 1 = \$7.95    ▶ 2-9 = \$19.95    ▶ 10-25 = \$29.95    ▶ 26-50 = \$59.95  
 ▶ 51-99 = \$106.00    ▶ 100-250 = \$197.00    ▶ 251+ = Call for Quote
- Shipping/Handling prices are subject to change without notice.*
- D. Sales Tax** (Only NE residents add 7% sales tax) \_\_\_\_\_ = \$ \_\_\_\_\_
- E. TOTAL** \_\_\_\_\_ = \$ \_\_\_\_\_

All orders of \$100 or less require a credit card or payment by check in advance.

### BILLING & INVOICING

You will receive an invoice shortly after you order. Payment terms are net 30 days.

- Purchase order # if appropriate \_\_\_\_\_
- Check enclosed
- Visa     MasterCard     American Express

CREDIT CARD NUMBER

NAME AS IT APPEARS ON CARD

EXPIRATION DATE

### SHIPPING ADDRESS:

NAME (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### BILLING ADDRESS: Only if different than shipping address.

NAME (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**VISIT OUR WEB SITE AT: WWW.WELCOA.ORG**