ARMA Publication Order Form

Date: _____
Order #_____
(*internal billing use only)*

| Quantity | Item Description | | Line Total ($) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Subtotal** | |
| | | **Tax (MD only: add 5%)** | |
| | | **Shipping (see below)** | |
| | | **Total** | |

*Mail or fax completed form with check, money order or credit card information to:*

ARMA Publications
529 14th St NW, Suite 750
Washington, D.C. 20045

Telephone: (202) 591-2450
Fax: (202) 223-9741

**Billing Address**:
Name
Company
Address
Address 2
City, State
Zip
Phone
Email

**Shipping Address**:
Name
Company
Address
Address 2
City, State
Zip
Phone
Email

**Credit Card Information**
Mastercard Visa AmEx
Credit Card #: Exp. Date: /
Security Code:
Charge my credit card in the amount of: $
Name as it appears on card:
Your signature:

**Shipping & Handling Charges**
(If actual shipping charges exceed these amounts, you will be billed the difference)
USPS.....$8.50 Federal Express.....$20.00