

ORIGINS BOOK ORDER Print and complete this form, and fax or mail it to Origins.

Shipping Information:

Name _____
Address _____
City _____ State _____ Zip _____
Email _____

Title	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Totals:

Subtotal—cost of books _____
Pack & ship—add 10% _____
MN tax—MN residents only add 6.875% sales tax _____
TOTAL AMOUNT DUE _____

Payment Information:

To pay, select one of the following options:

- Include check or money order to Origins
- Include a purchase order to Origins: PO# _____

NOTE: We strongly recommend that you do not fax credit card information. Please call or mail in this information.

Charge to Visa or Mastercard: Card# _____ -- _____ -- _____ -- _____
Name on credit card _____
Card expiration date _____ Signature _____
Billing address for PO# _____