

Customer Order Form 2010

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Contact Name: _____
Contact Phone Number: _____
Institution Name: _____
Institution Address 1: _____
Institution Address 2: _____ Country: _____
Institution City: _____ State: _____ Zip : _____
Institution Phone: _____ Fax: _____
Institution Email: _____ **Add me to Newsletter**

UPS Shipping Address: _____

Payment Information:

___ **Credit Card** Payment Details: Credit Card Type: ___ Visa ___ Master Card ___ Am-Ex
Expiration: _____ Name on Card: _____
Card Number: _____ back 3 digits for V/MC _____
___ **Purchase Order**
PO Number: _____ Date: _____
Accounts Payable Contact: _____
___ **Check**
Name on Check: _____ Check Send Date: _____
Check Number: _____

AASLH Discount: Organization Membership Name: _____
(American Association for State and Local History)
Organization Membership Number: _____

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