



Respiratory Care - Bookstore Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address:		
Shipping Address:		
Program Information		
Name of Institution		
Program Contact		
Payment Information - Payments accepted: Purchase Orders, Discover, MasterCard and Visa		
P.O. Number		
Credit Card Information		
Credit Card Type	<input type="radio"/> Discover <input type="radio"/> Master Card <input type="radio"/> Visa	
Name on Card		
Card Number		
Expiration Date / CVV code		
Mailing Address for Credit Card Statements (if different than billing address)		
Items for Purchase		
Respiratory Care Student License (1 per student @ \$60.00 each)	# of Student Licenses ____ x \$60.00	
	Total Purchase Price	

Please email, fax or mail orders to one of the following:

Email: orders@dataarc.ws

Mail: DataArc, LLC
 2951 Marina Bay Dr. 130-355
 League City, TX 77573

Fax: (281)538-8972
 Phone Number: (866)328-2552
 DataArc, LLC Tax ID: 76-0653886

Thank you for your order and we look forward to continuing your services.