



# Respiratory Care - Bookstore Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address:		
Shipping Address:		
<b>Program Information</b>		
Name of Institution		
Program Contact		
<b>Payment Information</b> - Payments accepted: Purchase Orders, Discover, MasterCard and Visa		
P.O. Number		
<b>Credit Card Information</b>		
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)		
<b>Items for Purchase</b>		
Respiratory Care Student License (1 per student @ \$60.00 each)	# of Student Licenses ____ x \$60.00	
	UPS Shipping and Handling (1-25 CD's \$10.00; 26-50 CD's \$15.00)	
	Total Purchase Price	

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

**Email:** [orders@dataarc.ws](mailto: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.