



Radiography - 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"/> MasterCard <input type="radio"/> Visa
Name on Card	
Card Number	
Expiration Date	
CVV	
Billing Zip Code	
Mailing Address for Credit Card Statements (if different than billing address)	
Student License (1 per student @ \$60.00 each)	# of Student Licenses ____ x \$60.00
	Total:

Please email or mail orders to one of the following:

Email: orders@dataarc.ws

Mail: DataArc, LLC
6608 Gulf Freeway South
Suite 600 #176
La Marque, TX 77568
Phone Number: 866-328-2552

Thank you for your order.