



# 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"/> 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 @ \$75.00 each)	# of Student Licenses ____ x \$75.00
	Total:

Please email or mail orders to one of the following:

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