



Respiratory Care - Program Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address		
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)		
For Program Initial Purchase the following information is needed to set up your system.		
Program Name		
Program Accreditation Number		
Time Zone	<input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Mountain <input type="radio"/> Pacific <input type="radio"/> _____	
Program URL	www. _____	
Program Director Name		
Program Director Email		
Dir. Of Clinical Education Name		
Dir. Of Clinical Education Email		
Cohort Name		
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

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

Thank you for your order.