



Respiratory Care - Student Order Form

To process your order the following information is needed.

Name	
Email Address	
Full Name of Institution Full Name since BU can be Baylor University or Boston University	
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	
Purchase Price	\$80.00

Please email or mail orders to one of the following:

Email: orders@dataarc.ws

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6608 Gulf Freeway South
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Thank you for your order.