



Respiratory Care - Survey 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	
Purchase Price	\$350.00

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.