



Respiratory Care - Program Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address		
Shipping 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"/> Master Card <input type="radio"/> Visa	
Name on Card		
Card Number		
Expiration Date		
CVV 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 Purchase	<input type="radio"/> Both <input type="radio"/> Clinical Tracking <input type="radio"/> Surveys	
Program URL	www. _____	
Degree	<input type="radio"/> Associate <input type="radio"/> Baccalaureate	
Program of Study	<input type="radio"/> Entry Level <input type="radio"/> Advanced Practitioner	
Program Director Name		
Program Director Email		
Dir. of Clinical Education Name		
Dir. of Clinical Education Email		
Items for Purchase		
Respiratory Care Surveys (only)	Yearly Service Fee \$300.00	
Respiratory Care Program Fee (including surveys)	Yearly Service Fee \$400.00	
Respiratory Care Student License (1 per student @\$60.00 each)	# of Student Licenses _____ x 60.00	
	Total Purchase Price	

Please email, fax or mail orders to one of the following:

Email: orders@dataarc.ws

Mail: DataArc, LLC
 2951 Marina Bay Dr. 130-355
 League City, TX 77573

Fax: (281)538-8972
 Phone Number: (866)328-2552

DataArc, LLC Tax ID: 76-0653886

Thank you for your order and we look forward to continuing your services