Ibex Publishers Order Form

ORDERED BY:

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE NUMBER: _____ EMAIL: _____

SHIP TO INFORMATION: (if different from *ordered by*)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE NUMBER: _____

PAYMENT INFORMATION:

CHECK: ____ VISA: ____ MASTERCARD: ____ AMERICAN EXPRESS: ____ DISCOVER: ___

CREDIT CARD # _____ EXP DATE: _____

SIGNATURE: _____ TOTAL AMOUNT OF ORDER: _____

PLEASE MAKE CHECKS PAYABLE TO IBEX PUBLISHERS IN U.S. DOLLARS.

ITEMS YOU WOULD LIKE TO ORDER:

ITEM DESCRIPTION	**QTY**	**TOTAL**
MD Residents, please add local Sales Tax		
Add shipping & handling (U.S. $7.00. For other locations call)		

TOTAL OF ORDER: _

Please let us know what to do if an item is not available at the time of order:
[ ] Any items not available at the time of this order may be back ordered and shipped when available.
[ ] Do not back order and [ ] issue a credit applicable to my account, or
[ ] issue a refund.

PLEASE MAIL ORDERS TO:

Ibex Publishers, Inc.
Post Office Box 30087
Bethesda, MD 20824 USA

OR FAX TO: 301-907-8707