

Fairview Press Order Form

Bill my:

Visa Mastercard Discover

Name _____ Card No. _____

Exp. Date _____ Signature _____

Ship to:

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ FAX _____

Bill to:

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ FAX _____

Please duplicate the order form as needed.

Thank you for your order!

Title	Qty	Unit Price	Total
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Retail Value _____

Discount _____

Subtotal _____

Tax (if applies) _____

Shipping _____

TOTAL: _____

- All order will be shipped FOB Minneapolis, MN
- Please add \$5 for all US shipments up to \$50 total;
add 9% of order subtotal for shipments over \$50
(minimum charge \$5)
- **Free freight for all prepaid trade orders of 10+ books**
- MN residents please add 6.875% sales tax (7.775% in Twin Cities)

PRINT and MAIL or FAX to:

Fairview Press • 2450 Riverside Avenue • Minneapolis, MN 55454 • FAX: 612-672-4980