ORDER FORM

Print this order form and mail with payment to above address. If ordering by credit card, you may order by phone.

MAIL TO:
Name___________________________________________________________________
Address_________________________________________________________________
City_________________________________________State________Zip____________
Phone number (daytime) _________________________________________________
Email (optional) _________________________________________________________

PLEASE SEND THE FOLLOWING CHAPBOOKS/BOOKS:
Title                                                                          Quantity           Price                Subtotal
_______________________________________    __________   $_______        $______
_______________________________________    __________   $_______        $______
_______________________________________    __________   $_______        $______
_______________________________________    __________   $_______        $______
_______________________________________    __________   $_______        $______

Shipping/handling
Air (3-7 business days) Shipping & handling $____
U. S.        $   5.00
Canada  $   7.00
International Call for quote

Total $ ______

PAYMENT METHOD:
_____Cash
_____Check - Payable to: Parallel Press
_____Invoice
_____Credit Card - Visa/Mastercard

Number ___________________________________ Expiration date_________________
Name as it appears on the card ________________________________________________
Signature ____________________________________________