ORDER FORM

Print this order form and mail with check or credit card information to above address
Or, you may order by phone.

MAIL TO:
Name ________________________________________________________________
Address ______________________________________________________________
City ___________________________ State ________ Zip ______________
Phone number (daytime) ________________________________________________
Email (optional) ________________________________________________________

PLEASE SEND THE FOLLOWING CHAPBOOKS/BOOKS:

<table>
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<tr>
<th>Title</th>
<th>Quantity</th>
<th>Price</th>
<th>Subtotal</th>
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Sub Total $_________
Shipping/Handling $_________
Total $_________

Shipping/handling
Air (3-7 business days)
  U. S.   $ 5.00
  Canada $ 7.00
  International $15.00

PAYMENT METHOD:

_____ Cash
_____ Check - Payable to: Parallel Press
_____ Credit Card - Visa/Mastercard

________________________________________________________________________
Number ___________________________________ Expiration date _________________
Name as it appears on the card ______________________________________________
Signature _______________________________