



**ORDER FORM
FOR
POWERFUL PRACTICE, VOL 1, 2 (Circle 1, 2 or both)**

Name _____

Business Name: _____

Shipping Address: _____

City _____ St _____ Zip _____

Billing Address (If different): _____

City _____ St _____ Zip _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Order:

Quantity _____	Price per copy \$25.00	Subtotal _____
		Handling (\$7.00 per book) _____
		Total _____

Order written by: _____

Signature of purchaser: _____

Credit Card Info: Visa MasterCard (circle one)

Cardholder name: _____

Card Number: _____ Expiration Date: _____

Security Number: _____ (on back of card)