CUSTOMER ORDER FORM

Page ____ of ____

WORKPLACE GROUP

Federal Taxpayer ID #: 56-2274903

Return order form to:
Workplace Group
121 Channing Lane
Chapel Hill, NC 27516-9153

Order date: _____

Customer No: _____

Phone: ( ) _____

E-mail address: _____

Payment Information:

☐ **Credit Card:** ☐ Corporate ☐ Personal
☐ Visa ☐ Mastercard ☐ AmEx

Card No: _____

Expiration Date: ____ /_____

Signature: _____

☐ **Paying by Check**
(Make check payable to **Workplace Safety, Inc.)**

☐ **Purchase Order** — No: _____

BILL TO / CARDHOLDER NAME:

Contact: _____

_____

_____

_____

SHIP TO: (if different from Bill to)

_____

_____

_____

_____

Quantity	Product Number	Description	Price	Total

Shipping Costs:

One manual: $15.00
3-6 Manuals: $23.00
Update service: $5.00

Please include sales tax for the following states: AL, CA, GA, IN*, IL, MO, NC*, VA

* Shipping costs in IN and NC are also taxable.

Sub Total: _____

Shipping Charges: _____

Sales Tax: _____

TOTAL: _____