



Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail(optional) _____

Used Books, if available? Yes No

(Used books save 25% over the cost of new books)

Pre-payment (Optional)

Pre-payment of your order ensures quick and easy pick up. Fill in your credit card information below to avoid lines at the register. Credit cards will be charged when the order is pulled.

Visa MasterCard Discover

Card#:

Expiration Date:
 m m y y

Authorized Signature: _____

(credit card will be charged when order is pulled - this is optional)

Class Schedule: (please include all course information)

Attach a copy of your schedule OR fill in below:

For Office Use Only

COURSE #	SEC	LOCATION	BOOK NOT RECEIVED	GO TO CLASS	NO BOOK REQUIRED

Reviewed by _____ Packed by _____ Checked by _____

Student Signature at Pick-up _____ Date _____