



# ESSENTIAL RESOURCES FOR CORRECTIONAL HEALTH CARE

## ORDER FORM

Publication/Product Name	Quantity	Price*	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

\*Prices subject to change

**Subtotal 1** \_\_\_\_\_

Less quantity discount (10% when purchasing 5 or more of same item) \_\_\_\_\_

Less Academy discount (10% on single items; excludes discounted sets) \_\_\_\_\_

**Subtotal 2** \_\_\_\_\_

Invoice fee<sup>a</sup> \_\_\_\_\_

Add 10.25% sales tax<sup>b</sup> \_\_\_\_\_

Shipping (see rates below) \_\_\_\_\_

**Total** \_\_\_\_\_

<sup>a</sup> For orders of \$100 or more, purchase orders accepted from correctional facilities, their contract providers and government agencies only. Purchase orders must be submitted with order. A \$30 processing fee will be added to all orders to be invoiced.

<sup>b</sup> Tax exemption letters are required for all exempt entities (or businesses). Please submit your organization's letter with this form.

### Shipping Rates

Standard FedEx ground service ☐ Orders over \$140: add 10% of Subtotal 1 ☐ Minimum shipping charge: \$14

Alternative shipping\* (orders must be received at NCCHC by 2 pm CT)

☐ FedEx Next Day: above rate plus \$45 ☐ FedEx 2-Day: above rate plus \$20 ☐ FedEx 3-Day: above rate plus \$15

\* Alternative shipping rates are based on a single-item purchase. Additional charges will apply for shipments weighing more than 2 lbs.

☐ Bill your Federal Express account: \$10 Account number: \_\_\_\_\_

**International Shipping:** Rates will be calculated for each order. We will notify you of the rate before we process your order.

### Payment Information

☐ Check enclosed ☐ Purchase order enclosed (see note 'a' above; hard copy mandatory)

☐ Charge my ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card no. \_\_\_\_\_ Exp. date \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_

Billing address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Ship To (cannot ship to post office box)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address (☐ Business ☐ Home) \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_

### Return this form to

NCCHC • PO Box 6233 • Carol Stream, IL 60197-6233

Phone: 773-880-1460 • Fax: 773-880-2424

**For express delivery**, phone orders before 2 pm CT to 773-880-1460.

**Or order online at [www.ncchc.org](http://www.ncchc.org).**

FEIN: 36-3221830

### For Office Use Only

Amount \_\_\_\_\_ Inv # \_\_\_\_\_ Date \_\_\_\_\_ LB/CR \_\_\_\_\_

Payor \_\_\_\_\_ SD \_\_\_\_\_