

1 Bill to (include copy of P.O. or advance payment)

Existing Account New Account

Name _____

Title _____

Institution _____

Billing Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Email Address _____

Tax Exempt # _____

(If applicable, please include a copy of your tax exempt certificate with your order.)

2 Ship to (if other than BILL TO address – P.O. boxes are NOT accepted)

Name _____

Title _____

Institution _____

Shipping Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Email Address _____

Does site accept skids or pallets**? Yes No

*Special Shipment

4 Items Ordered (prices and shipping fees subject to change)

ITEM#	PRICE	TITLE OR DESCRIPTION	QUANTITY	TOTAL PRICE
Subtotal				
Sales Tax*				
10% Shipping / Handling**				
Order Total				

Items may be returned for exchange or credit only with prior authorization and within 90 days of purchase. Only items that are in original packaging and salable condition will be accepted for return. CD-ROMs and DVDs are never returnable. PHP is not responsible for the cost of shipping returns. Returns may be subject to a 15% re-stocking charge.

4 WAYS TO ORDER

PHONE



1-914-421-2525

FAX



1-914-421-2007

ONLINE



www.lifeskillstraining.com
lstinfo@nhpamail.com

MAIL



Send **Purchase Order**
or **Payment** to:

Princeton Health Press
711 Westchester Avenue
White Plains, NY 10604

3 Method of Payment

Check or P.O. enclosed. Do not send cash or coins.

P.O. Number (Include copy of P.O.) _____

(Make check payable to PRINCETON HEALTH PRESS in U.S. funds)

Charge to my:



Card # _____

Expiration Date _____ Security Code _____

Signature _____

Cardholder's Billing Address _____

*NY Shipping Only
**Additional charge for Alaska, Hawaii, Canada, international, special, & rush shipments