



Order Form

Psycho-Educational Services
5114 Balcones Woods Drive, Suite 307-163
Austin, TX 78759 1-512/699-9381
Send via mail, email (order@psycho-educational.com)
or fax (512) 233-0935.

Bill to (if different)

Name: _____

Address: _____

Line 2: _____

City: _____

State/Zip: _____

Phone: _____

Ship to (if different)

Name: _____

Address: _____

Line 2: _____

City: _____

State/Zip: _____

Phone: _____

Purchase order number: _____

Credit Card number (Visa and MasterCard only): _____ Exp. Date: ___/___ CVV# _____

Name on Credit Card: _____ Zip of cardholder: _____

Address (if different than Bill to) _____

City/State/Zip: _____

| Quantity | Title | Price | Amount |
|----------|-------|-------|--------|
|----------|-------|-------|--------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subtotal: _____

Include 10% Shipping and Handling (Canada, 15%..... _____

Tax (if Texas, and non tax exempt (if tax exempt, provide # _____) _____

Total: _____