SPANISH BOOSTER

For your Spanish Language Needs

7577 Central Parke Blvd
Suite 120
Mason, OH 45040
Fax 513-445-5339
Phone 513-398-0645

ORDER FORM

To order, please fill in this form and fax it to **513-445-5339**

Date _____

1) Order Information

	Quantity		Price		
Translation / Voice Over / Audio / etc.	_____	x	_____	=	_____
Spanish / English Class	_____	x	_____	=	_____
Fundamental Spanish Workbook 1	_____	x	$22.95	=	_____
Teachers Manual 1	_____	x	$22.95	=	_____
Fundamental Spanish Workbook 2	_____	x	$16.95	=	_____
Teachers Manual 2	_____	x	$16.95	=	_____
Verb Conjugations Workbook	_____	x	$15.95	=	_____
Spanish for Nurses and Med. Assistants	_____	x	$19.95	=	_____
Fundamental Spanish for Children 1	_____	x	$19.95	=	_____
Fundamental Spanish for Children 2	_____	x	$19.95	=	_____
Fundamental Spanish for Children 3	_____	x	$18.50	=	_____
Fundamental Spanish for Children 4	_____	x	$18.50	=	_____
Extra CD's	_____	x	$9.95	=	_____

FEDEX Shipping* Ground ☐ Next day ☐ _____
USPS Media Mail Media Mail ☐ Regular ☐ _____
Other (Please specify) _____ _____

*If you are not sure about your shipping charges, we can calculate them for you and totalize your order.

Sub Total _____

Tax **(6.5% Ohio Residents ONLY)** _____

Total _____

(Sub Total + Tax)

2) Payment Information

Credit Card Master Card ☐ Visa ☐ Check ☐

Credit Card Number _____ **CVV code** _____

Expiration Date _____ (Month) _____ (Year)

Cardholder's name _____

3) Billing Address

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

Phone Home _____ Office _____

Email _____

4) Shipping Address

Use Billing Address Information Yes ☐ No ☐

(if Shipping address is the same as the billing addres, stop filling in the rest of the form)

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

Phone Home _____ Office _____

Email _____

Fax this form to 513-445-5339

Thank you for your order!