

Jola Publications

Medical Directory Order Form

REQUIRED INFO: *Phone and Email are for internal use only and are required to place an order. They are used for order accuracy, shipment notification & notice of updated editions. They are never shared with 3rd parties. Failure to provide those may result in order delay or cancellation.

Phone _____ Email _____

Contact Name _____ Dept. _____

Company _____

Mailing Address _____

Physical Address (if different from mailing address) _____

City _____ State _____ ZIP _____

Purchase Order # (if necessary) _____

Qty.	State Medical Directory	Cost	Price Total
_____	Iowa (March 2018)	\$26	_____
_____	Minnesota (November 2017)	\$28	_____
_____	Nebraska (April 2017)	\$26	_____
_____	Nebraska (Pre-Sale for May 2018)	\$26	_____
_____	Wisconsin (last updated version August 2016)	\$28	_____

SHIPPING & HANDLING ADD \$7

SUBTOTAL _____

Orders shipped within the state of Minnesota are subject to sales tax. The exact rate varies based on your ZIP code. If you are unsure what tax rate you should be paying, please visit:
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(Shipments within MN Only) TAXES _____

We offer a 10% discount on orders of 20 or more books

TOTAL _____

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Credit Card Information: **We accept Visa & Mastercard.** Sorry, we do not accept Discover or American Express.

Name _____

Card Number _____ Security Code _____

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