



Guidance on Obtaining Defensible Test Portions Manual Order Form



1. COST OF PUBLICATION: (NOTE: Prices for each order include shipping by U.S. Mail Media Rate)

Domestic orders (U.S. and Canada Only)	Quantity: <input type="text"/>	@ \$50.00 each = <input type="text"/>
Foreign orders	Quantity: <input type="text"/>	@ \$75.00 each = <input type="text"/>
		Grand Total: <input type="text"/>

For faster shipment

FedEx and UPS shipments must have a street address and phone number. We cannot ship FedEx or UPS to a P.O. Box

FedEx Account Number:	<input type="text"/>	Telephone:	<input type="text"/>
UPS Account Number:	<input type="text"/>	Telephone:	<input type="text"/>
Shipping Speed:	<input type="checkbox"/> Ground	<input type="checkbox"/> Express Saver/3 day	<input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight

2. SHIPPING INFORMATION:

Name:	<input type="text"/>	Organization:	<input type="text"/>
Shipping Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Province:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email Address:	<input type="text"/>		

3. PAYMENT INSTRUCTIONS: Print out this form (with credit card payment section fully completed if applicable) and fax or mail with payment to:

Jennifer Roland
AAFCO
1800 South Oak St., Suite 100
Champaign, IL 61820
Fax: (217) 398-4119

4. METHOD OF PAYMENT: Make check or bank draft payable in U.S. funds to AAFCO (Federal ID# 55-6020312)

Check Visa Master Card Discover American Express

5. CREDIT CARD PAYMENT INFORMATION:

Name:	<input type="text"/>	Organization:	<input type="text"/>
Billing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Province:	<input type="text"/>	Country:	<input type="text"/>
Credit Card Number:	<input type="text"/>	Expiration Date:	<input type="text"/>

Signature: _____