



Your exclusive source for the tools you need to succeed

ORDER FORM

Please print.

NAME		COMPANY	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
EMAIL	PHONE		FAX

ITEM #	DESCRIPTION	QUANTITY	PRICE PER ITEM	ITEM TOTAL

SHIPPING CHARGES	
Order.....Continental U.S.	
Under \$20.....	\$8.75
\$20-\$49.99.....	\$11.25
\$50-\$99.99.....	\$14.75
\$100-\$199.99.....	\$18.25
\$200+.....	\$22.75
Expedited & International Shipping <i>Add \$25 for two-day, \$35 for overnight and \$75 for international</i>	

ORDER SUB-TOTAL	
SHIPPING & HANDLING (see chart)	
TOTAL ENCLOSED (U.S. Dollars)	

Please send payment and order form to:

The ACMA Store
 1010 N Glebe Rd, Suite 450
 Arlington, VA 22201

Fax order to: (703) 525-0743

For more information call ACMA at:
 (703) 525-0511

Thank you for your order!



CREDIT CARD AUTHORIZATION FORM

VISA MASTERCARD AMEX

Full Credit Card Account Number:	
Expiration Date	
Security Code 3 Digit Code (Visa, MC)	
Billing Address	
Date	
Phone Number	

Federal Tax ID (52-1144059)

ACMA Fax: 703-525-0743

I hereby authorize ACMA to charge my credit card for the payment of items below. I agree to pay for all requested registrations, enrollments and other items/services from ACMA, and agree that ACMA can charge my card for an amount different than what is below if the amount below is not correct.

Card Holder Name: _____

Signature: _____

Last Four Numbers of Authorized Card: _____

Amount to be charged: \$ _____

Description of Charge/ Products Purchased: _____

Name of Company Payment should be applied: _____

To pay by check, please make the check payable to ACMA and submit your check to:

Registrar, ACMA, 1010 N. Glebe Road, #450, Arlington, VA 22201.

Internal Use Only:

Date Processed: _____

Initials: _____

Notes: _____