

CAPT Publications and Product Order Form

MBTI® Approved User Name _____

Ship To

Name _____
 Organization _____
 Address _____
 City/State/Zip _____
 Email _____

Bill to *(if different from shipping address)*

Name _____
 Organization _____
 Address _____
 City/State/Zip _____

Please check your method of payment

Purchase order number _____
(A copy of the purchase order MUST be attached)

Full payment enclosed. Check or money order payable to CAPT. No CODs please.

Charge total amount due to my *(Check one)* American Express Discover MC Visa

Account Number _____ Expiration Date _____

Daytime Phone Number (____) _____ Cardholder Signature _____

| Qty. | Product No. | Description | Unit Price | Total Price |
|------|-------------|-------------|------------|-------------|
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Shipping Charges
 Shipping charges are based on weight.
 Please call for fax or mail-in orders for shipping estimates.

Orders will be shipped by UPS Ground unless otherwise specified. Orders placed after 3 p.m. will be shipped the following business day.

| | |
|--|-----------|
| Sub Total | \$ |
| FL Residents Add 6% Sales Tax <i>(On subtotal)</i> | \$ |
| Shipping/Handling | \$ |
| Total Amount Due | \$ |

Charge my shipping account number: _____

UPS FedEx Other _____
(Please add \$4 for handling)

Place Your Order

By Phone: **800.777.2278** 352.375.0160
(toll-free USA and Canada)

By Fax: **800.723.6284** 352.378.0503
(toll-free USA and Canada)

Online: **www.capt.org**

Business Hours: 9:00 am–5:00 pm (EST), Mon–Fri.



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