



# Surgical Technology - Bookstore Order Form

To process your order the following information is needed.

Contact Person	
Phone Number	
Billing Address:	
Shipping Address:	
<b>Program Information</b>	
Name of Institution	
Program Contact	
<b>Payment Information</b> - Payments accepted: Purchase Orders, Discover, MasterCard and Visa	
P.O. Number	
<b>Credit Card Information</b>	
Credit Card Type	<input type="radio"/> Discover <input type="radio"/> Master Card <input type="radio"/> Visa
Name on Card	
Card Number	
Expiration Date	
Mailing Address for Credit Card Statements (if different than billing address)	
<b>Items for Purchase</b>	
Surgical Technology Student License (1 per student @ \$60.00 each)	# of Student Licenses ____ x \$50.00
	UPS Shipping and Handling (1-25 CD's \$10.00; 26-50 CD's \$15.00)
	Total Purchase Price

Please email, fax or mail orders to one of the following:

**Email:** [orders@dataarc.ws](mailto:orders@dataarc.ws)

**Mail:** DataArc, LLC  
2951 Marina Bay Dr. 130-355  
League City, TX 77573

**Fax:** (281)538-8972  
Phone Number: (866)328-2552  
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Thank you for your order and we look forward to continuing your services.