

TAPPI PRESS ORDER FORM

SOURCE CODE: WEB12

SHIP TO:

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Country _____
 Phone _____ Fax _____
 Email _____

BILL TO:

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Country _____
 Phone _____ Fax _____
 Email _____

PRODUCT CODE	TITLE	QUANTITY	MBR \$	NM \$	TOTAL

*Sales tax on TAPPI PRESS items will be added for residents of Georgia, Illinois, Maryland, Ohio and Canada. Contact TAPPI for exact total.

Subtotal	
Handling	\$10.50
Sales Tax*	
Shipping	
TOTAL	

CREDIT CARD INFORMATION

AMEX)
 MC
 VISA
 DISCOVER
 DINER

Card #: _____ Exp. Date: _____

Cardholder's name as it appears on the credit card: _____

Mail or Fax this form to:
 TAPPI PRESS
 P.O. Box 933644
 Atlanta, GA 31193-3644 USA
 Fax: +1 770 209-72061 800 332-8686 (U.S.), 1 800 446-9431 (Canada), +1 770 446-1400 (Worldwide)