



Please print and complete this form, then fax or mail with check (if applicable) to:

JAMARDA Resources, Inc.  
931-B South Main Street #102  
Kernersville, NC 27284  
(877) 526-2732 - Voice  
(800) 505-9450 - Fax  
www.jamardaresources.com  
info@jamardaresources.com

**RETURN POLICY:** We offer 100% customer satisfaction. If for any reason you are dissatisfied, we will gladly refund your money minus shipping and handling costs and a 15% restocking fee within 30 days.

ALL ORDERS OUTSIDE OF THE UNITED STATES MUST BE PREPAID. NO CODs PLEASE.

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**ORDER INFORMATION**

\_\_\_\_\_  
Health Care Facility or Organization

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Shipping Address

\_\_\_\_\_  
City, State, Zip/Postal Code

\_\_\_\_\_  
City, State, Zip/Postal Code

\_\_\_\_\_  
Daytime Telephone Number (Very Important!)

\_\_\_\_\_  
Fax Number (if applicable)

\_\_\_\_\_  
E-mail address (Very important! We will confirm receipt via e-mail)

\*\*\*\*\*  
**PRODUCT INFORMATION**

(SEE ONLINE ORDER FORM FOR PRICING. Call for bulk pricing quotes).

[ ] Cultural, Ethnic and Religious Reference Manual for Health Care Providers.....Quantity \_\_\_\_\_ Price \_\_\_\_\_

[ ] Cultural Diversity Assessment Tests .....Quantity \_\_\_\_\_ Price \_\_\_\_\_

[ ] Cultural, Ethnic and Religious Reference Manual Online Subscription (One Year) .....Quantity \_\_\_\_\_ Price \_\_\_\_\_

Subtotal \_\_\_\_\_

Shipping and Handling (12.5%) \_\_\_\_\_

North Carolina Sales Tax (6.75%) \_\_\_\_\_

Grand Total \_\_\_\_\_

\*\*\*\*\*  
**BILLING INFORMATION**

[ ] Visa    [ ] MasterCard    [ ] American Express    [ ] Check    [ ] Purchase Order

\_\_\_\_\_  
Credit Card Number (13-16 digits)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Purchase Order Number and Department Name

\*\*\*\*\*  
**BILLING ADDRESS**

(If the shipping address is different from the billing address, please enter your billing address below.)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City, State, Zip Code/Postal Code

**WE APPRECIATE YOUR ORDER!**