



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

JAMARDA Resources, Inc.
1315 Excelsior Street
Winston-Salem, NC 27101
(877) 526-2732 - Voice
(336) 722-8467 - 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. No refunds for overstocked items.

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

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 TestsQuantity _____ 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. YOU WILL BE CONTACTED VIA E-MAIL CONFIRMING RECEIPT OF YOUR ORDER!