



MODIFIABLE PROCEDURES TEMPLATE MANUAL



ORDER FORM

Name:

Company:

Address:

Address(2):

City:

State: Zip Code:

Email:

Phone: Fax:

Quantity: \$795 each

Shipping: FedEx - Next Day or FedEx - 2nd Day

CONTINUE TO PAGE 2 TO FILL
OUT PAYMENT METHOD.

We ask that you fill out all entries in this form. Print it out, sign it and mail or fax it to us. If faxing please make sure your fax went through or call to confirm we received it. If sending a check, please mail this form along with your payment.

Mailing:

Delap LLP
4500 SW Kruse Way, No. 200
Lake Oswego, OR 975035

Fax Number:

503-697-4196

CONTACT SHERYL MALM OR JEANETTE SMITH AT (888) 697-1040



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ORDER FORM

Credit Card Type:

Account #:

Expiration Date: Security Code:

Name on Card:

Card Owners Billing Address (if different):

Address:

Address(2):

City:

State: Zip Code:

Checks

If paying by check, **please call for shipping charge** and then mail your check including shipping charges to:

Delap LLP
4500 SW Kruse Way, No. 200
Lake Oswego, OR 97035

Signature:

YOUR TOTAL COST
BEFORE SHIPPING:

PLEASE PRINT AND SIGN THIS
ORDER FORM

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