



SECURE FAX/EMAIL ORDER FORM

Keith Scott-Mumby Author Services

Please fax your order to: (001) 760 251 7100

Please print legibly

Name: _____ **Company** _____

Shipping address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Postcode (non-USA):** _____

Phone: _____ **Cell:** _____

Email: _____ **(required to email you confirmation)**

Fax: _____

Credit card #: _____ **Amex** **Visa** **Mastercard**

Name on card: _____ **Expiration date:** _____

Billing address: _____ **Same as shipping address?** **Yes** **No**

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Postcode (non-USA):** _____

Quantity	Item(s) you are ordering (please be descriptive)	Cost
	TOTAL:	

I authorize you to charge my credit/debit card:

Sign here: _____ **Date:** _____