

# Innovative Business Partners, Inc.

# Order Form

*"Helping to Drive Your Business Improvements"*

Date: \_\_\_\_\_

P.O.# \_\_\_\_\_

PO Box 60523  
 Worcester, MA. 01606  
 Phone: 1-877-521-2580  
 Fax: 1-508-475-7154

## BILLING INFORMATION

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## SHIPPING INFORMATION

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

| Item #                                 | Description   | Quantity                                | Unit Price | Total   |
|--|---|---|------------|---------|
| 428EXT                                 | Extreme Customer Service® Cue Card Set & Holder     |   | \$14.95    |         |
| 426CRE                                 | Creative Sales and Marketing™ Cue Card Set & Holder |   | \$14.95    |         |
| 440TBS                                 | Team Building for Success™ Cue Card Set & Holder    |   | \$14.95    |         |
|  |   |   |            |         |
| Other Comments or Special Instructions |   |   |            |         |
|  |   | SUBTOTAL                                |            |         |
|  |   | MA Residents Sale Tax 6%                |            |         |
|  |   | Shipping and Handling (5 items or less) |            | \$ 2.50 |
|  |   | Other                                   |            |         |
|  |   | TOTAL                                   |            |         |

Credit Card Type: Master Card \_\_\_\_\_ VISA \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year: \_\_\_\_\_

CVC Code: \_\_\_\_\_ (Last three digits on the back of your card)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

