*All quotes provided expire after 20 days.

Please fill out this form and fax to Bulk Sales at 859-514-6814

ecampus.com®

BULK SALES

Customer Information Form

Business Name: ______________________

Street Address: ______________________

City: __________ State: __________ Zip: __________

Contact Name: ______________________

Phone: __________ Fax: __________ Email : __________

☐ **Place My Order** ☐ **Bulk Price Quote**

Please list desired items and quantities below and the price listed on ecampus.com:

ISBN	Title	Quantity	Site Price	Total
	TOTALS			

Payment Information

I want to use a:

☐ Purchase Order (attach copy)

☐ Credit Card

Credit Card #: ______________________ Visa-MC-Disc-AMX

Expiration Date: __________ 3 digit CID:# __________

Name on Card: ______________________

Billing Address: ______________________

City: __________ State: _____ Zip: __________

Signature: X ______________________