



2011 ORDER FORM
MONEY-BACK GUARANTEE

1. SHIP TO: (please print)

Name _____
 Title _____
 Organization _____
 Street Address _____

 City _____
 State/Zip _____
 Phone _____
 Fax _____
 E-mail _____

2. BILL TO: (if different from shipping address)

Name _____
 Title _____
 Organization _____
 Street Address _____

 City _____
 State/Zip _____
 Phone _____
 Fax _____
 E-mail _____

3. ORDER:

<i>Layoff-to-Employment Action Planner. Package of 50.</i>		
1-10 packages.....\$119/package (just \$2.38 per LEAP)	11-30 packages.....\$99/package (just \$1.98 per LEAP)	
More than 30 packages—e-mail for quote: LEAP@CareerActionResources.com		
Number of Packages	Package Price	Subtotal
_____	x \$ _____	\$ _____

7% Sales Tax for Indiana orders unless tax-exempt form provided..... \$ _____
Ground Shipping/Handling (add 7% of Subtotal) \$ _____
Total..... \$ _____

4. PAYMENT METHOD:

Check payable to Career Action Resources, LLC

Credit Card: **VISA** **MasterCard** Note: Address in "Bill To" section above must match credit card billing address for proper processing.

Credit Card # _____ **Expiration Date** _____

Name on Card _____ **3-Digit Card Security Code** _____

On back of card, far right corner of signature strip

Signature _____

FAX: 1-800-398-6615

MAIL: Career Action Resources LLC, 5868 E. 71st St., Suite E-188 (include Suite E-188 for accurate delivery)
Indianapolis, IN 46220

EMAIL: LEAP@CareerActionResources.com • CALL: 1-800-398-6615

Thank You for Your Order