

# OSBA publication order form

(For faster service, photocopy this form and fax with your PO)

Name \_\_\_\_\_

Title \_\_\_\_\_

District \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

(Please use street address for delivery purposes)

Is this a home address?    Yes    No

City \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime telephone \_\_\_\_\_

Title	Quantity	Unit	Total

Phone: (614) 540-4000  
Toll Free: (800) 589-OSBA  
Fax: (614) 540-3299  
Visit our Web site:  
[www.osba-ohio.org](http://www.osba-ohio.org)

Merchandise total	
Add applicable state sales tax (6.75%)	
<b>Order total</b>	

### Credit card information

MasterCard    Visa    Card expires (Mo./Yr.): \_\_\_\_\_

Account #: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please check one:

Payment enclosed (sales tax applies to orders paid by personal check, personal credit card, money order or non-sales-tax-exempt organizations)

Purchase order # \_\_\_\_\_

**Postage and handling included**  
**Allow two to four weeks for delivery**