

Taxes Can Be Fun...& Sexy!

Order Form

Customer Name: _____ Date: ___ / ___ / _____

How did you hear about TCBF...&S!? _____ (please be specific)

Regular Prices are:

Item #tcbf&sPB **Paper Back** version ~~\$39.99~~ in Stores. Only **\$19.99** per book for you!

Item #tcbf&sHC **Hard Cover** version ~~\$59.99~~ in Stores. Only **\$29.99** per book for you!

Note: Volume Discounts available are listed on a separate information sheet.

This form was created to facilitate the utilization of Volume Discounts and to **enable customers** to pay by using the corresponding **Shipping Information & Payment Form.**

a. Quantity of Item #tcbf&sPB desired _____ X \$19.99 = _____

b. Quantity of Item #tcbf&sHC desired _____ X \$29.99 = _____

c. **Subtotal** (Line a. plus Line b.) = _____

d. **Shipping & Handling (use only one choice of S&H per Order Form)**

1) **Standard** (Higher of (Line c. X 25%) or \$8) = _____

2) **Priority** (Higher of (Line c. X 35%) or \$12) = _____

3) **Express** (Higher of (Line c. X 70%) or \$21) = _____

4) **International S&H will be provided by TaxOnly via correspondence.** = _____

e. **Subtotal** (Line c. plus Line d.) = _____

f. Applicable **Volume Discounts** (Line e. X _____ %) = (_____)

g. **Subtotal** (Line e. minus Line f.) = _____

h. Applicable **State & Local Sales Tax** (Line g. X _____ %) = _____

i. **Total** (Line g. plus Line h.) = _____

ALL sales are FINAL.

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Payments by Check or Money Order:

If you wish to pay by check or money order, then please make it payable to **TaxOnly, LLC** and mail it (along with a **completed Order Form**) to:

TaxOnly, LLC
1780 S. Bellaire Street
Suite #835
Denver, CO 80222

Shipping Information: (Check this box if the Shipping Name & Address are the same as the Credit Card information listed below)

Recipient's Name: _____

Recipient's Address: _____

City: _____ State: ___ Zip Code: _____ - _____

Credit Card Authorization:

If you wish to pay by credit card, then please complete the data listed below and **mail or fax** this form (along with a **completed Order Form** to: **TaxOnly, LLC**, 1780 S. Bellaire Street, Suite #835, Denver, CO 80222. Fax # is (303) 722-7534

I hereby authorize TaxOnly, LLC to charge my credit card for \$ _____ • _____

Customer Name: _____

Credit Card Type: _____ (MasterCard, VISA, Discover, Amex)

Cardholder Name: _____ (as shown on credit card)

Cardholder Address: _____ (from credit card billing address)

City: _____ State: ___ **Zip Code:** _____

Account Number: _____ **Expiration Date:** ___ / ___

CSV (3-4 digit number on back of card, or if American Express, on the front) _____

Cardholder Signature: _____ **Date:** ___ / ___ / _____

(office use) **Authorization Code** provided by **Voice Authorization Center:** _____