



ORDER FORM

Send orders to: PRAGDA 302 Bedford Avenue #136 Brooklyn, NY 11211
ph: 1 800 343 5540 fax: 1 845 774 7445 info@pragda.com

CUSTOMER INFORMATION

Have you previously ordered from PRAGDA? No Yes
If yes, what is your customer number? _____

TITLES

Title(s)	Format	Screening date <i>(if applies)</i>	Price
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PAYMENT

All orders must be accompanied by a purchase order or pre-payment.

Credit Card Mastercard Visa Card #: _____ - _____ - _____ - _____
Exp. Date: ____ / ____ CVV2 Code _____ (3 digits on back of card)

Institutional Check Enclosed In the Mail *(personal checks not accepted)*

Purchase Order *(fax with order form)* Attached In the Mail

SHIPPING AND HANDLING

We can't ship to a P.O. Box; must be a street address

BILLING ADDRESS
Name:
Institution:
Department:
Address:
Telephone:
Fax:
Email:

SHIPPING ADDRESS (if different)
Name:
Institution:
Department:
Address:
Telephone:
Fax:
Email:

Contact for questions about this order? Billing Shipping Other

If other, please provide the following: Name _____
Phone _____ Email _____

I have read and agreed to the ordering instructions. Signed: _____

Sign up to receive news and special offers: Yes, I want to receive PRAGDA's email newsletter. **Send to:** _____