

Profit Mastery® Order Form (ML)

Call: 800-488-3520/206-284-5102 Fax: 206-282-4092 E-mail: pamela@brs-seattle.com Web site: www.profitmastery.net		Business Resource Services PO Box #219 Hobart, WA 98025 U.S.A.
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Important! Fax or email order form – then call to confirm receipt!

Please Print Clearly and Fill Out Completely

SHIP TO:

Name _____

Facilitator's Name(s): _____

Organization _____

***Note: street address only - cannot deliver to PO boxes**

Street Address _____

City _____ State _____ Zip Code _____

Daytime phone _____ E-mail address _____

SEND INVOICE TO: (If different from Ship To)

Name _____

Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime phone _____ E-mail address _____

FACILITATED WORKSHOP DATE(S):

Quantity	Item	MSL Price	Other (fill in)	Total
	¹ Facilitator's Guide w/"How to Conduct a Successful Profit Mastery Program" Admin Guide, and Profit Finder Wheel	\$195		
	² Profit Mastery University Online Program (includes Participant's Guide)	Per License		
	Participant's Guide	\$95		
	Laminated Roadmap (21½" x 28")	\$11		
	Profit Finder Wheel	\$10		

¹ Facilitator Certification is **REQUIRED**. ²Registrant Name(s)/Email(s) **REQUIRED**.

All prices are subject to change

Subtotal

WA State residents add applicable Sales Tax _____%

Shipping Charges (Call Profit Mastery for this amount)

Total Amount Due

PAYMENT METHOD:

Pamela to send invoice

Check or Money Order (payable to Business Resource Services)
(If including check, call Profit Mastery for shipping charges)

MasterCard | Visa | American Express

Credit Card #

Expiration Date / Verification Code

Shipping Method

Note: We will ship Ground unless otherwise noted. Make sure you allow enough transit time for your scheduled workshop date(s) noted above.

Ground

3-Day Delay ship date until: _____

2-Day

1-Day

BILLING ADDRESS FOR CREDIT CARD PAYMENTS:

(if different than above) – Exactly as it appears on the credit card bill.

I authorize **Business Resource Services** to charge my credit card for the Total Amount Due.

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
POOL:	SUBMITTED:
	SHIPPED:
COMM:	INVOICED:
	COMM'D: