

# Profit Mastery® Order Form

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 200 First Ave. West, Suite 301 Seattle, WA 98119 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	Item Price	Other (fill in)	Total
	<sup>1</sup> Profit Mastery® License Fee (one-time fee per center/location)	\$595		
	<sup>1</sup> Facilitator's Guide w/"How to Conduct a Successful Profit Mastery Program" Admin Guide, and Profit Finder Wheel	\$395		
	<sup>2</sup> Profit Mastery University Online Program (includes Participant's Guide)	\$395		
	Participant's Guide	\$195		
	Laminated Roadmap (21½" x 28")	\$11		
	Profit Finder Wheel	\$10		

<sup>1</sup> Facilitator Certification is **REQUIRED**. <sup>2</sup>Registrant Name(s)/Email(s) **REQUIRED**. **Subtotal**

All prices are subject to change

**WA State residents add applicable Sales Tax \_\_\_\_\_%**

**Shipping Charges** (To be calculated by BRS – **call BRS for amount**)

**Total Amount Due**

**PAYMENT METHOD:**

Check or money order (payable to Business Resource Services)  
 (If including check, **call BRS for shipping charges to confirm total**)

Pamela to send invoice

MasterCard |  Visa |  American Express

Credit Card #

Expiration Date   /   Verification Code

**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: \_\_\_\_\_

**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.**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Ground | <input type="checkbox"/> Ship Now         |
| <input type="checkbox"/> 3-Day  | <input type="checkbox"/> Hold For Payment |
| <input type="checkbox"/> 2-Day  |   |
| <input type="checkbox"/> 1-Day  |   |

**FOR OFFICE USE ONLY**

POOL:	SUBMITTED:
	SHIPPED:
COMM:	INVOICED:
	COMM'D: