

MARUTI SEIDMAN REGISTRATION/ORDER FORM

NAME: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONES: (HOME) _____ (WORK) _____ (CELL) _____

EMAIL: _____

CLASS: _____ CLASS COST: _____

CLASS DATE: _____ LOCATION: _____

If ordering product, please specify below. Free shipping to anywhere in United States

PRODUCT	QTY.	AMOUNT	TOTAL
State Tax: <i>(if ordering from Colorado)</i>			
Total Amount:			

CREDIT CARD INFORMATION:

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NO.: _____

CREDIT CARD TYPE: Visa Master Card

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CC VERIFICATION NO.: _____
(last 3 digits located on back of credit card)

AUTHORIZATION:

I, the undersigned, authorize Maruti Seidman to charge my credit card for the products and/or services listed above.

X _____ DATE: _____

**IF PAYING BY CHECK OR MONEY ORDER, PLEASE MAKE YOUR CHECKS PAYABLE TO: MARUTI SEIDMAN.
CATALOG ORDERS AND REGISTRATION CAN BE CALLED INTO 303-746-3882 OR MAILED TO:**

**MARUTI SEIDMAN
P.O. BOX 3175
BOULDER, CO 80307**