

Learning for Life Resource Center

4133 E. Siesta Lane

Phoenix, AZ 85050

(602) 569-1050 (Office)

(602) 569-9640 (Fax)

learning4life@qwest.net

Federal ID #: 86-0943276

Order Form for Credit Card Purchases

We enter your credit card information at the Paypal Virtual Terminal (https://www.paypal.com/us/cgi-bin/webscr?cmd=vt_hub-outside) OR LinkpointCentral.com (<https://www.linkpoint.com/>). Virtual Terminal or Linkpoint are online version of the credit card swipe machines used in shops. They allow merchants with a Business account to accept credit card orders from customers. Virtual Terminal or Linkpoint can be used to accept credit cards by telephone, fax or mail.

Ordering Instructions

- Complete this form.
- Submit your order form –
 - Please call in your credit card information to us at 602-569-1050
 - Fax the form to us at 602-569-9640
 - E-mail the Word version to us at learning4life@qwest.net OR
 - Mail to Learning for Life at –

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- We will process the order.
- For printed and CD-ROM materials, you will receive a Notification of Payment e-mail from us that lists the product costs, shipping costs, and package tracking information.
- For on-line assessments, you will receive a Notification of Payment e-mail from us that lists the product costs, assessment web page link, user name, and password.
- For downloads, you will receive a Notification of Payment e-mail from us that lists the product costs, download web page link, and download instructions.

Order Entry Form

Please complete the billing and shipping information.

Order Details

Product Title: _____

Quantity: _____

Net Order Amount: _____

Shipping: Please blank: We will add the correct shipping costs.

Tax Rate: Please blank: We will add the correct rate.

Tax Amount: Please blank: We will add the correct amount.

Total: Please blank: We will calculate the right total.

Billing Information - Please enter the following information **exactly** as it appears on the customer's credit card statement.

Country: USA

First Name: _____

Last Name: _____

Card Type: _____

Card Number: _____ 

Expiration Date: _____

Card Verification Number: _____ 

Address 1: _____

Address 2 (optional): _____

City: _____

State: _____

ZIP Code(5 or 9 digits): _____

Email Address: _____

Telephone: _____

Shipping Information (If different from billing information) -

First Name: _____

Last Name: _____

Address 1: _____

Address 2 (optional): _____

City: _____

State: _____

ZIP Code(5 or 9 digits): _____

Email Address: _____

Telephone: _____