

Holland Codes Resource Center

4133 E. Siesta Lane

Phoenix, AZ 85050

(602) 569-1050 (Office)

(602) 569-9640 (Fax)

explorecareers@gmail.com

Federal ID #: 86-0943276

Order Form for Credit Card Purchases

We enter your credit card information at the Paypal Virtual Terminal OR LinkpointCentral.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 877-667-6565.
 - Fax the form to us at 602-569-9640
 - E-mail the Word version to us at explorecareers@gmail.com
 - OR
 - Mail to Hollandcodes.com 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 leave blank: We will add the correct shipping costs.

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

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

Total: Please leave 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: _____