NFNI
NATIONAL FORENSIC NURSING INSTITUTE

# FAX/MAIL ORDER FORM

PO Box 885, Oklahoma City, OK 73101-0885
1112 NW 23rd, Suite 211, Oklahoma City, OK 73106
Phone 800-490-9811 Fax 888-521-6702
WWW.NFNI.ORG EMAIL: ORDERS@NFNI.ORG

*FAX order to 888-521-6702*

## BILLING INFORMATION

Contact Name _____
Agency/Department _____
Address _____
City _____ State _____ Zip _____
Country _____
Phone _____ / _____ ext. _____
Fax _____ / _____
E-mail Address _____

Purchase Order No. _____
Tax Exempt? ☐ No ☐ Yes
If yes, Federal Tax ID No. _____

## SHIPPING INFORMATION ☐ Check if same as Billing Info

Contact Name _____
Agency/Department _____
Address _____
City _____ State _____ Zip _____
Country _____
Phone _____ / _____ ext. _____
Fax _____ / _____
E-mail Address _____
NOTE: A physical address must be provided. We are unable to ship to PO Boxes.

## DATE ORDERED

Date _____

## PRODUCT SELECTION

| Reorder Number | Item Description/Name (please include color, etc., if necessary) | Qty | Unit Price | Total Price |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**THANK YOU FOR YOUR ORDER!**

Subtotal _____

## SHIPPING METHOD

☐ Ground ☐ 2nd Day Air ☐ Next Day Air
Comments/Special Instructions: _____

## PAYMENT METHOD

☐ Please Bill — State/Government Agencies, Hospitals, Schools Only

☐ Credit Card (Visa, MasterCard, AmEx, all Government Cards accepted)
Credit Card # _____
CCV (3 Digit Security Code) _____ Exp. Date _____
Full Name on Card _____

FAX Orders to: 888-521-6702
Mail Orders to: PO Box 885
Oklahoma City, OK 73101-0885
Call Orders to: 800-490-9811

**NOTE**

Upon receipt of your order, a Customer Service Representative will contact you to confirm your order and provide shipping costs.

Make all checks payable to National Forensic Nursing Institute, Inc.

**THANK YOU FOR YOUR BUSINESS!**