



LPAGENT.COM
TRAINING YOU TODAY, FOR YOUR CAREER TOMORROW

Order Form

Ship To:

Bold=Required Field

Italic=Optional

Bill To: (if different)

First Name:

Last Name:

Email Address:

Phone Number:

Fax Number:

Company:

Address:

City:

State:

Other State/Province:

Zip/Postal Code:

First Name:

Last Name:

Email Address:

Phone Number:

Fax Number:

Company:

Address:

City:

State:

Other State/Province:

Zip/Postal Code:

Please send payment of \$199.00 USD per order plus \$7.50 Shipping and Handling. CA orders add 8.25% tax. Orders take 2-3 weeks for delivery.

Payment Type (circle one)

Check

Money Order

Credit Card: Visa MasterCard American Express
acct#: _____ Exp. Date ____/____

Name on Account: _____

Please make checks or money orders payable to:

LPAgent.com

Mail to:

P.O. Box 3482

City of Industry, CA 91744

866-241-6159