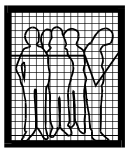
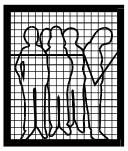
Behavioral Institute For Children And Adolescents



1711 County Road B West Suite 110S
Roseville, MN55113
Ph 651-484-5510 Fax 651-483-3879
www.behavioralinstitute.org



BOOK/SOFTWARE/VIDEO ORDER FORM

Date_____200__

From:_____ **Ship To:** _____

_____ _____

City: _____**St**____**Zip**_____ **City:** _____**St**____**Zip**_____

Ph: ( )____-_____**Fax ( )**____-_____ **Ph: ( )**____-_____**Fax ( )**____-_____

email _____

Cat. #	Title	Qty	BICA Price	Total

*Minnesota add 7.125% sales tax or tax exempt#_____
** Shipping and handling **FREE** if order is **$100.00 or more**
Orders under $100.00 add $6.00 S&H

SUBTOTAL	$
MN STATE TAX*	$
S&H**	$

Complete all information for payment by credit card:
Card #: _____ Code:_____
Check:___ Visa ___ MC ___Amex___Disc Expiration Date: ____/____
Name that appears on card: _____
Billing Address: _____
City:_____St____ Zip_____Ph ( ) ____-_____
Signature: _____

TOTAL $

NOTE: Minimum
credit card order $30.00

Make Payment by check, credit card or agency purchase order and send to:
The Behavioral Institute for Children and Adolescents
Federal ID# 41-1703237
Payment Enclosed: Check #_____or Purchase Order # (Attach) _____