

# Arphax Publishing Co.

# Library Account - Order Form

----and Account Application

(use STANDING ORDER FORM, if applicable)

**4 easy ways to order . . .**

<b>MAIL</b>	Arphax Publishing Co. 11450 U. S. Hwy 380, Suite 130 #296 Cross Roads, TX 76227
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<b>FAX</b>	<b>1-405-366-8184</b>
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Arphax Publishing Co. is home to the renowned "Family Maps" series of Federal Land Patent books by attorney, software engineer, and, genealogist, Gregory A. Boyd.

If your charge account has been approved, then you may also choose to order by one of the following methods. If not, then please complete and return the NEW ACCOUNT section, below, before ordering by phone or email.

You may use multiple forms, if the space below does not accommodate your complete order.

<b>CALL TOLL-FREE</b>	<b>1-800-681-5298</b>
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<b>E-Mail</b>	<a href="mailto:sales@arphax.com">sales@arphax.com</a>
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Feel free to direct any questions to us at (405) 366-6181 or at [info@arphax.com](mailto:info@arphax.com)

*(unless approved otherwise, email orders must originate from a library e-mail address)*

Title (or our Item No. or ISBN No.)	Spiral or Hard-Bound (choose 1)	Qty	Price ea.	Item Total
			X	=
			X	=
			X	=
			X	=
			X	=
			X	=
			X	=
			X	=
Total for All Items Above				\$
Non-exempt Texas Libraries add 8.25% Sales Tax				\$
Shipping & Handling				\$ -- actual --
Grand Total (less shipping)				\$

**Unless you request otherwise, all shipments will be via U.S.P.S (Media-mail rate)**

You will only be charged for actual shipping charges (no extra handling fee)

► **Library Name:** \_\_\_\_\_ **Acct No.** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_

*If you have not already established a charge account, please complete the following & return by mail or fax:*

**NEW ACCOUNT APPLICATION:**

*If you need more room to accurately complete this form, please use the reverse side.*

*If you are sales-tax exempt, please forward proof of such status.*

Billing Information	Shipping Information (if different than Billing info)
Organization: _____	Organization: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Contact: _____	Contact: _____

Authorized Purchasers: \_\_\_\_\_

Special Billing Instructions: \_\_\_\_\_

Application Completed by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_