



Life After Graduation, LLC

Guiding Students to Academic, Financial and Career Success

**PRIMARY
ORDER FORM**

PO Box 11205, Bainbridge Island WA 98110
Toll Free: 877-569-9816 • Fax: 206-428-1225
Email: info@LifeAfterGraduation.com
www.LifeAfterGraduation.com

1.2012

New Customer

Existing Customer

No Returns allowed
(excluding damaged products)

Returns

Primary contact:

Name _____

Title/Dept _____

Email _____

Phone _____

Alternate contact:

Name _____

Title/Dept _____

Email _____

Phone _____

Shipping Address/ Book Use:

Name of School or Business _____

Street Address _____

City _____ State _____ Zip Code _____

Date books are to be delivered by _____ Date books will be used _____

Ship using customer shipping account Yes No

Shipper/Account # _____

NOTE: if order is in excess of 1,000 books, does location have a loading dock for freight delivery?

Yes No

Payment / Billing*

NOTE: Invoices are processed/submitted electronically

Name _____

Title/Dept _____ Telephone _____

Fax _____

Email _____

Purchase Order# _____

**Credit Card Payments are subject to a 3.5% processing fee. Contact us for details.*

Past Due Payments (over 30 days) are subject to a 5% monthly late fee.

Special Instructions:



ISBN 978-0-9700944-9-0

Price/Book _____

Qty _____

Custom cover?

Yes No



ISBN 978-0-9848332-0-7

Price/Book _____

Qty _____

Custom cover?

Yes No



ISBN 978-0-9848332-1-4

Price/Book _____

Qty _____

Custom cover?

Yes No

TOTAL OF ORDER	Book Total:	\$ _____
	Ship/Handling	\$ _____
	Sales Tax <i>(WA Orders Only)</i>	\$ _____
	TOTAL**	\$ _____
	DEPOSIT*	\$ _____

***Total payments due upon delivery. *Deposits due prior to processing orders.*

Authorized Purchaser

Name _____

Email _____ Phone _____

Signature _____

Life After Graduation, LLC salesperson

Name _____

Email _____ Phone _____

Signature _____

*CUSTOM COVER ORDER INFORMATION

Outside Covers Yes No 4 color process

Inside Covers Yes No (Black ink only)

EXISTING CUSTOMERS, please include this information: Last year of previous order _____

Reprint, no changes (we'll send previous proof) Changes needed to previous cover

SCHOOL CONTACT PERSON for LAG designer to contact regarding custom cover artwork:

Name _____ Email _____ Phone _____

**Custom covers take up to 30 days to deliver from final cover approval and require a 50% deposit. We will contact you with instructions on custom cover design, production and proofing processes.*