



**Ringling Cedars North America** Phone : 1 800 514 5011  
**PO Box 7172, PMB 295, Stateline, NV 89449 USA**

**Fax : 1 888 390 7742**  
 9-5, M-F Pacific

## US Book Order Form

US Addresses ONLY

| Item Description  | Quantity | X | Unit Price* | = | Sub Totals   |
|---|----------|---|-------------|---|--|
| New Revised Edition (Black Spines) - Complete Set of 9 Books    |          |   | \$135.00    |   |  |
| Original First Edition (Green Spines) - Complete Set of 9 Books |          |   | \$135.00    |   |  |
|   |          |   |             |   | <b>Subtotal \$</b>                                   |
|   |          |   |             |   | <b>Orders shipping to NV add 7.10% sales tax</b>     |
|   |          |   |             |   | <b>Add shipping charge @ \$5.75 per Set \$</b>       |
|   |          |   |             |   | <b>Add Packing &amp; Handling per order + \$4.00</b> |
|   |          |   |             |   | <b>TOTAL</b>   |

**Please Ship to:**

|                 |                |              |   |
|-----------------|----------------|--------------|---|
| Name _____      |                |              | <b>NOTE: US Addresses ONLY</b>                      |
| Address 1 _____ |                |              |   |
| Address 2 _____ |                |              | <b>Please call for International shipping rates</b> |
| City _____      | US State _____ | US Zip _____ |   |

**I'm Paying by Enclosed Cheque / MO** ✓→  **Or by Credit Card** ✓→  (enter details below)

|                    |               |   |  |
|--------------------|---------------|---|--|
| Billing Name _____ |               |   |  |
| Address 1 _____    |               |   |  |
| Address 2 _____    |               |   |  |
| City _____         | State _____   | Daytime Phone* _____                          |  |
| Zip _____          | Country _____ | <b>*Needed</b> if we can't process your order |  |

**Card Number:**

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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**Expires** \_\_\_\_ / \_\_\_\_

**CV2**