

TMECC on CD - Order Form

Company or Organization: _____

Are you a USCC member, or
a participating CAP lab? YES NO

Contact Name: _____

Fax Number: _____

Telephone Number: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Billing Address: _____

Please provide only if different
than mailing address

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

PURCHASE:	<u>Number of CD's</u>	<u>Pricing</u>	<u>Amount Due</u>
Purchase price includes shipping and handling.	_____	x	= _____

Payment by either check, money order, or credit card is acceptable.

Payable to: The US Composting CouncilMail payment to: The US Composting Council
1 Comac Loop, Suite 14B1
Ronkonkoma, NY 11779*Credit Card Purchases* – FAX this completed form to (631) 737-4939

Amount Due (in US\$): _____

Check or Money Order: Enclosed

Credit Card Purchase: MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Cardholder Address: _____

Cardholder Signature: _____

May the USCC use your contact information to notify you of future releases and TMECC updates? YES NO