

# Rapid Learning Center

## Credit Card Order By Fax Options

**INVOICE NO.: OBF9100M**

|                                                                                                                        |                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Fill out every field in this form and fax to<br/>Rapid Learning Center<br/>Fax: 866-475-5444 (Toll-Free)</b></p> | <p><b>Purchaser Information</b><br/>                 [Customer Name]:<br/>                 _____<br/>                 [Customer Email]:<br/>                 _____<br/>                 [Customer Phone Number]:<br/>                 _____</p> |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Customer Information (Please Print):**

| Your Name | Address (Street, State and Zip) | Email Address for delivery |
|-----------|---------------------------------|----------------------------|
|           |                                 |                            |

**Credit Card Info (Please Print):**

| Required Field | Enter Your Info                                                                                                                                    | Required Field           | Enter Your Info |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|
| Name in Card   |                                                                                                                                                    | Card Number              |                 |
| Card Type      | <input type="checkbox"/> Visa<br><input type="checkbox"/> Master<br><input type="checkbox"/> American Express<br><input type="checkbox"/> Discover | Expiration Date          |                 |
|                |                                                                                                                                                    | Billing Address          |                 |
|                |                                                                                                                                                    | Card Verification Number |                 |

**Product Info: (Add shipping and handling only for Premium or Platinum courses)**

| Qty.                                                                             | Unit | Description | Unit price | Total |
|----------------------------------------------------------------------------------|------|-------------|------------|-------|
|                                                                                  |      |             |            |       |
| <b>Shipping &amp; Handling<br/>(6% for US and 9% for<br/>Non-US of subtotal)</b> |      |             |            |       |
| <b>Tax</b>                                                                       |      |             |            | 0.00  |
| <b>Total</b>                                                                     |      |             |            |       |

1. Please be sure to fill out ALL fields and print them.
2. All products will be delivered digitally. Upon receiving your payment, we will send you the access information to the email address you specify above.
3. Notify us immediately if you have any question ([TheSupport@RapidLearningCenter.com](mailto:TheSupport@RapidLearningCenter.com))
4. Fax this form toll-free to Rapid Learning Center at 1-866-475-5444
5. Please also send an email to [TheSupport@RapidLearningCenter.com](mailto:TheSupport@RapidLearningCenter.com) with a subject "Order By Fax" with your name and email address included, so we can process your order promptly.

Authorized by (Sign Here)

Date: [Type date here]