



Franklins.NET Training DVD Order Form

Customer Name: _____

E-mail: _____

Telephone: _____

Shipping Address: _____

Training DVD Name: _____

Cost: \$ _____

Credit Card Authorization

___ Visa ___ MasterCard ___ American Express

Credit card Number: _____

Expiry Date: _____

Name as it appears on card: _____

Billing Address if different from above:

Billing Phone number if different from above: _____

Signature: X _____

Invoice Number: _____ Invoice Date: _____ Amount: _____
Office Use Only

302 State Street
Suite 513
New London, CT 06320

860-447-9610
860-447-9612 fax