



EMS SEO *Success
Education
Opportunity*

**Please Type or Print Clearly All
Information Requested**

DATE: _____

Bill To: Must match credit card info.

Ship To: If different from BILLING.

Name _____

Name; _____

Company _____

Company _____

Street Address 1 _____

Street Address 1 _____

Street Address 2 _____

Street Address 2 _____

City, ST, ZIP _____

City, ST, ZIP _____

Phone# _____

Phone# _____

Email : _____

Email : _____

Qty	Description	Price Each	Line Total - Qty X Price

Subtotal	
Flat shipping via USPS for offline orders (Do Not Add for web based items)	\$ 3.95
Sales Tax, NY only	
Total	

Credit card Info: Check One - Visa Mastercard

Card # _____

Expiration Month _____ Year _____ CVC Code _____

FAX COMPLETED ORDER FORM TO : 1.866.870.6154

Make all checks payable to James Hoffman

Mail Order Form with credit card details or check to:

**EMS SEO
PO BOX 212
HENSONVILLE, NY 12439**

Thank you for your business!