Order Form

1. Bill To:

Name: _____

Title: _____

Inst./Agency: _____

Address*: _____

City: _____ State: _____ Zip: _____

Telephone: ( ) _____

UPS/Federal Express cannot ship to P.O. Boxes

2. The address where items will be shipped is a:

- ☐ Residential/Residential Business
- ☐ Business/Institutional

3. Ship To: (if different from above)

Name: _____

Title: _____

Inst./Agency: _____

Address*: _____

City: _____ State: _____ Zip: _____

Telephone:( ) _____

4. Payment (Prepayment Required)

- ❑ Check/money order enclosed
- ❑ Purchase order enclosed (P.O. must include shipping and handling charges or they will not be processed.)

Charge to my: ❑ Visa ❑ MC ❑AmEx ❑ Diner's Club ❑ Discover

Account # _____

Exp. Date : _____

Signature: _____

ACA Membership # _____ Exp. Date _____

CCJA membership # : _____Exp. Date: _____

Membership must be current and member number must accompany order to qualify for discount. A statement/invoice will be sent to the member address after merchandise has been shipped. Please see additional stipulations noted below.

Attention Customers:

ACA individual members may purchase selected titles for their personal use at a 20% discount. These purchases must be prepaid by \the member and may not be for institutional use. If you are unsure whether you qualify for a 20% discount on your purchases, please call 1-800-222-5646, ext. 0129 before submitting your purchase order.

Institutional/Company Purchase Orders with an individual member's ID Number will not processed at member prices. You must have an ***Organizational*** or ***Supporting Patron*** membership.

5. Items Ordered

Item #	Title	Quantity	Color	Size	Price	Total
Save $$$ on Facility Purchases with an Organizational Membership—call for details!						

Make checks payable and send to:
American Correctional Association
P.O. Box 201
Annapolis Junction, MD 20701
Fax Orders to 301-206-9789
Order online at www.aca.org

Subtotal	$
Shipping and Handling *(see opposite page for charges)*	$
ORDER TOTAL	$