



## Classicist BookShop

Title	Quantity		Price	=	Total
THE CLASSICIST NO. 5 4090/401	_____	x	\$40.00	=	\$ _____
THE CLASSICIST NO. 4 4090/401	_____	x	\$40.00	=	\$ _____
<b>SUB TOTAL BOOKS</b> .....					<b>\$</b> _____

### Shipping and Handling

US: Add \$6 for the first volume, \$2 for each additional volume .....\$ \_\_\_\_\_

INTERNATIONAL: Add \$15 for the first volume, \$5 for each additional volume .....\$ \_\_\_\_\_

**TOTAL** .....\$ \_\_\_\_\_

### Shipping Information

☐ Ms.      ☐ Mr.      ☐ Mrs.      ☐ Miss      ☐ Dr.

CONTACT NAME \_\_\_\_\_

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVENCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

☐ NO, do not send me E-Announcements about books, events, and classes.

BUSINESS PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

### Method of Payment

☐ **CHECK:** Please make payable to ICA&CA; mail to 20 West 44th Street, Ste. 310, New York, NY 10036.

☐ **CHARGE:** Please charge to my: ☐ VISA      ☐ MasterCard      ☐ American Express

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON YOUR CARD (PLEASE PRINT) \_\_\_\_\_

SIGNATURE (REQUIRED FOR CREDIT CARD USE) \_\_\_\_\_

### Billing Information, if different from shipping

☐ Ms.      ☐ Mr.      ☐ Mrs.      ☐ Miss      ☐ Dr.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVENCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**THANK YOU!** All sales are final; no refunds or exchanges. **Fax your order with payment information to (212)730-9649 or mail checks payable to ICA&CA, 20 West 44th Street, New York, NY 10036.**

✓ Date Received \_\_\_\_\_ ✓ Date Mailed \_\_\_\_\_ ✓ RE \_\_\_\_\_ ✓ STAFF \_\_\_\_\_