

**FLORIDA EXCELL, INC.**  
**PO Box 797, Havana, FL 32333-0797**  
**Fax: (850) 906-0380**

**PRINT OUT THIS ORDER FORM**  
**For a Mail or Fax Order**

Print Name \_\_\_\_\_ State Lab Lic # \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # (\_\_\_\_) \_\_\_\_\_ Circle One: Cell/ Work/ Home #

ASCP# \_\_\_\_\_ AMT# \_\_\_\_\_ Other Lic # \_\_\_\_\_

Quantity	Course#	Course Title	Pkg	Ans Sht	Price Each	Total

Grand Total \$ \_\_\_\_\_

Circle Method of Payment:      VISA   MC   Check   MO   PO

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_(MM)\_\_\_\_\_(YY) 3 Digit Code on Back of Card \_\_\_\_

Authorized Signature \_\_\_\_\_