

Purchaser Information

Organization			
Authorized Purchasers			
Phone	Fax	E-mail Address	
Shipping Address	City	State	Zip
Billing Address	City	State	Zip
Other Billing Instructions and/or Billing Contacts:			

1. Please mark at least one (1) box in the appropriate column of the table just below, to indicate which Standing Order Category/Categories you desire.
2. If you choose a State-specific category (Option IV. or V.), please circle which states' titles you wish us to ship.
3. Choose a Catch-Up option in the appropriate section, just below the following table.
4. Complete all other relevant parts of the form, then sign and date in the signature block, at the bottom of page.
5. Return the original of this form to Arphax Publishing Co. at the address on the bottom of the page.

O P T I O N	Please Check At Least One (1) Box	Standing Order Categories <i>(both current & future titles)</i>		
I.		All Editions for All States		
II.		All <u>Deluxe</u> Editions for All States		
III.		All <u>Homesteads</u> Editions for All States		
IV.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">All Deluxe Editions for Customer-selected States</td> <td>Which States (circle all applicable): AR IL IN MO MS UT ___ ___ ___</td> </tr> </table>	All Deluxe Editions for Customer-selected States	Which States (circle all applicable): AR IL IN MO MS UT ___ ___ ___
All Deluxe Editions for Customer-selected States	Which States (circle all applicable): AR IL IN MO MS UT ___ ___ ___			
V.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">All Homesteads Editions for Customer-selected States</td> <td>Which States (circle all applicable): AL CO LA MI MN NE OK WI ___ ___</td> </tr> </table>	All Homesteads Editions for Customer-selected States	Which States (circle all applicable): AL CO LA MI MN NE OK WI ___ ___
All Homesteads Editions for Customer-selected States	Which States (circle all applicable): AL CO LA MI MN NE OK WI ___ ___			

Catch-Up Options (must select one):

1. _____ Catch-up NOW Option. For the above-selected Category, send all previously published titles as soon as possible, then continue to deliver future titles as they become available on Arphax's normal delivery schedule (usually once or twice per month).
2. _____ Catch-up GRADUALLY Option. Send all previously published titles, at a rate not to exceed:

(complete only one of these choices) _____ titles per month, **OR**
 \$ _____ (dollar value per month)

 then continue to deliver future titles as they become available on Arphax's normal delivery schedule (usually once or twice per month), at a monthly rate not to exceed the "catch-up" rate noted above. (Catch-up rates less than 6 titles and/or \$250 per month require separate approval).

Purchaser hereby requests Arphax Publishing Co. to ship books in the Family Maps™ series, as indicated above, and agrees to pay the published price for said books within 30 days of Purchaser's receipt of the books shipped. Purchaser also agrees to pay actual shipping charges (no handling fee). Shipment to be via U.S.P.S. Media Mail unless the parties mutually agree otherwise).

Requests to terminate this Standing Order must be made in writing to Arphax's then-current address. Termination will take effect 30 days after Arphax receives said termination request. Use of this form is voluntary and Purchaser may deliver a separate written order in a manner they choose, so long as it communicates the same essential information (in Arphax's discretion) requested in this form.

Authorized Signature: _____

Date: _____

Please return this form to:

Arphax Publishing Co.
2210 Research Park Blvd.
Norman, OK 73069

Phone: (405) 366-6181 or 800-681-5298
Fax: (405) 366-8184
E-mail: sales@arphax.com
<http://www.arphax.com>