

RE-ORDER FORM



Ship original materials with completed order form to:

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Buford, GA 30518
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Use this form when a Professor is repeating the exact course for an additional term. Incomplete forms may cause delay.

University/School: _____

Bookstore Name: _____ PO#:

Professor's Name: _____

Prof. Home Phone: _____ Prof. Work Phone: _____

Prof. e-mail: _____

Additional Contact's Name: _____ Contact's Phone: _____

Course Title: _____

Course Number: _____ Quantity: _____ Prof. Desk Copies: _____

Due Date in Bookstore: _____ First Day of Class: _____

CUSTOMER CARE NUMBER OF PREVIOUS ORDER

Number found on the cover of the LADPac
(3 Letters & 3 Numbers)

This LADPac is exactly the same. YES NO

If NO, are there changes to the Custom LADPac? YES NO

Please identify changes: _____

SHIPPING:

- Ground
- 3rd Day
- 2nd Day
- NDA

SPECIAL INSTRUCTIONS:

LAD USE ONLY