

# TMECC on CD - Order Form

Company or Organization: \_\_\_\_\_

Are you a USCC member, or a participating CAP lab?    YES    NO

Contact Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Please provide only if different than mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

<b>PURCHASE:</b>	<u>Number of CD's</u>		<u>Pricing</u>		<u>Amount Due</u>
Purchase price includes shipping and handling.	_____	<b>x</b>	_____	<b>=</b>	_____

Payment by either check, money order, or credit card is acceptable.

**Payable to: The US Composting Council**

Mail payment to: The US Composting Council  
 4250 Veteran's Memorial Highway, Suite 275  
 Holbrook, NY 11741

*Credit Card Purchases* – FAX this completed form to (631) 737-4939

Amount Due (in US\$): \_\_\_\_\_

Check or Money Order: Enclosed

Credit Card Purchase:    MasterCard                  Visa                  American Express

Card Number: \_\_\_\_\_                          Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

May the USCC use your contact information to notify you of future releases and TMECC updates?    YES    NO