

## PCI QUICK REFERENCE GUIDE 3.2 ORDER FORM

First & Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Ship to address** (Please complete this section if ship to address is different from above billing address. We cannot ship to PO Boxes):

\_\_\_\_\_  
 \_\_\_\_\_

Quantity Information	
20-49 (20 is the minimum order amount)	\$10.50 each
50-100	\$9.00 each
100-1000	\$7.25 each
1001+	\$6.25 each
Custom Orders (1000+)	\$7.75 each

Shipping and handling are included.

<b>Quantity</b>	<b>Price per piece</b>	<b>Shipping &amp; handling</b>	<b>TOTAL INVOICE</b>
_____	× \$ _____	+ \$ Included _____	= \$ _____

If you have any questions, please contact +1-781-876-8943 or [specialist@pcisecuritystandards.org](mailto:specialist@pcisecuritystandards.org).

For orders of 1,000+, you may add your company logo. Please provide the logo in a print-ready file format (such as .ai, .eps, .jpg, .pdf, .ps, .psd, .tif; color mode: CMYK; resolution: 300dpi). Please email the logo to [pcispeaking@pcisecuritystandards.org](mailto:pcispeaking@pcisecuritystandards.org).

### Payment Options:

Card Type:            **Invoice Me**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Billing Contact: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

**Please fax this completed form to +1-781-623-1063\*. Thank you.**