

**ORDER FORM - ATTORNEY GENERAL REPORTS**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Report Year(s) \_\_\_\_\_

\_\_\_\_\_

Report Cost(s) \_\_\_\_\_

Shipping Charges \_\_\_\_\_

(Call the printing office at 850-414-3463 for shipping charges.)

Sub Total \_\_\_\_\_

Tax Exempt Number (if applicable) \_\_\_\_\_

*(No tax will be applied to out-of-state sales)*

or

Tax (add 7.5% sales tax in FL) \_\_\_\_\_

Total amount of check or money order enclosed: \_\_\_\_\_