



A wholly owned subsidiary of MBS Textbook Exchange, Inc.

# Third Party Billing Voucher

TODAY'S DATE \_\_\_\_\_

SCHOOL NAME AND SITE \_\_\_\_\_

CONTACT PERSON'S NAME \_\_\_\_\_

CONTACT PERSON'S EMAIL \_\_\_\_\_

P.O./REFERENCE NUMBER \_\_\_\_\_

## SHIP TO:

STUDENT'S NAME:	FIRST	MIDDLE INITIAL	LAST		
SHIP TO* :	ADDRESS	CITY	STATE	ZIP	
CREDIT CARD #:		EXPIRATION DATE:		VERIFICATION NUMBER:	
HOME PHONE:		WORK PHONE:		OTHER:	

\*Please supply a street address for UPS Delivery. P.O. Box orders will be shipped via regular mail only. If shipping to a business, please supply a business name.

## BILL TO:

COMPANY NAME TO BILL			
PHYSICAL ADDRESS TO BILL	CITY	STATE	ZIP

## Book Information:

Course ID	Start Date	QTY	New or Used Preferred*	Author	Title	ISBN	Edition	Cost

\*If a used book is preferred but unavailable, a new book will be substituted.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_ SHIPPING: (circle one) Ground 2nd Day

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

SUB-TOTAL

Next Day

TOTAL