

NJAHS Product Ordering Form (print this page and send/fax in with your order)

National Japanese American Historical Society, Inc ♦ 1684 Post Street ♦ San Francisco, CA 94115
 phone: (415) 921-5007 fax: (415) 921-5087 email: njahs@njahs.org web site: www.njahs.org

BILLING ADDRESS

AND

SHIPPING ADDRESS:

Name*:			Name*:		
Address*:			Address: *		
City*:	State*:	Zip*:	City*:	State*:	Zip*:
Country: ALL INTERNATIONAL ORDERS – CALL FOR SHIPPING FEE			Country: ALL INTERNATIONAL ORDERS – CALL FOR SHIPPING FEE		
Phone*:			Phone*:		
Email:			Email:		
NJAHS Member #:		Date Exp:	NJAHS Member #:		Date Exp:

*** Required Information.**

Item <small>Note: for Nikkei Heritage orders, please include the cover story title in your order</small>	Qty	Unit Price	Total Qty Price
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
Subtotal =			\$
<i>(NJAHS members subtract 10% on applicable items.)</i>			Less Member discount
Tax (CA residents 8.5%, or 0.085)			
Shipping and handling (see below)			<input type="checkbox"/> PRIORITY
Order Total =			\$

Make checks payable to: NJAHS Phone in your order to: (415) 921-5007 Or Fax to: (415) 921-5087 Or Email to: njahs@njahs.org	<input type="checkbox"/> I would like to charge my credit card Name on Card: _____		
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		
	Account Number: _____		
	Exp Date: ____ / ____ / ____		V-code: _____ (last 3 digits on back of card)

Shipping and handling fees (Please allow 3-6 weeks delivery)	
PRIORITY Shipping (within a week) – Double the fee.	
ALL INTERNATIONAL ORDERS: CALL FOR SHIPPING FEE	
Amount of Subtotal:	S & H Charge:
Up to \$10	\$3.00
\$10.01 - \$25.00	\$4.50
\$25.01 - \$40.00	\$6.00
\$40.01 - \$65.00	\$8.00
\$65.01 - \$75.00	\$9.00
\$75.01 - \$85.00	\$10.00
\$85.01 – \$100.00	\$12.00
\$100.01 - \$150.00	\$15.00
\$150.01 - \$200.00	\$19.00
\$200.01 and up+	Please call for charges

For NJAHS internal use only:	
PAYMENT: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____ <input type="checkbox"/> PayPal	
AMOUNT PAID: \$ _____ / Date Paid: ____/____/____	
AMOUNT DUE: \$ _____ / Date Paid: ____/____/____	
Order RECEIVED:	
Date: ____/____/____	By: _____
Order PROCESSED:	
Date: ____/____/____	By: _____
Order SHIPPED:	
Date: ____/____/____	By: _____
SHIPPED VIA: _____	
Weight: _____	Zone: _____