

Order Form

PLEASE PRINT CLEARLY!

(Name and address must be the same as the credit card information.)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Fax #: (____) _____

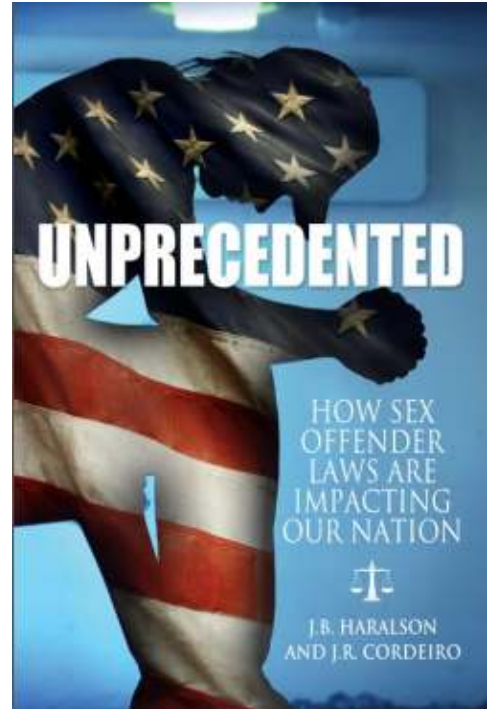
E-mail: _____

Recipient's name and mailing address if different than above:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____



Number of books: _____ X \$29.95 = _____ = total amount to be charged to your credit card

Checks: Please make payments to Reclamation Ministry. Place *Unprecedented* in memo. Mail orders to Reclamation Ministry, P.O. Box 12494, Fort Worth, Texas 76110.

Credit Card: MasterCard Visa AMEX Discover Card (All information is confidential!)

Number - - -

Expiration Date: Month Year Credit Card Security Number*:

*Last 3 or 4 digit number on the back of the card (AMEX card - the number is on the front)

Name as it appears on this card: _____

Cardholder signature: _____

(Credit card purchase will be noted as payment to *Reclamation Ministry*)

PayPal purchases can be made at www.unprecedentedthebook.com