

Learn To Quit Kit Order Form



Billing Address	For your security, we verify all credit cards to the billing address. This address must match the address on your credit card statement if you are paying by credit card.	Shipping Address	Leave the shipping address blank if it is the same as the billing address.
Name _____		Name _____	
Address _____ Apt _____		Address _____ Apt _____	
City _____ State ____ Zip _____		City _____ State ____ Zip _____	
Daytime Phone _____			
Email Address _____			

- Please send me _____(quantity) Learn to Quit Kit(s) @ \$125.00 per Kit plus an additional \$10.00 *per Kit* to cover shipping (US and Canada - \$20.00 *per Kit* International)
- CIRCLE CHOICE: CD's or Cassettes

ORDER TOTAL \$_____

- Check Money Order
 VISA MasterCard AMEX

Credit Card Account Number	Exp. Date
<input type="text"/>	<input type="text"/>

Cardholder Signature (required) _____

Fax to 301-563-6192 OR Mail to Address Below

Mail Check / Money Order to:

SMOKENDERS QUIT KIT
PO Box 316
Kensington, MD 20895

Make Check Payable to: SMOKENDERS USA