

Directive to Withhold Cardiopulmonary Resuscitation (CPR)

(a form complying with Colorado Law to withhold CPR)

Order Form

Ship to: _____ Attn: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

*****Sold in packs of 25 only*****

Quantity		Price per 25	TOTAL
	CPR Directives (English)	\$11.00	
	CPR Directives (Spanish)	\$11.00	
	CPR Directive Information Packet	\$ 1.50	
<input type="checkbox"/> Please deliver my order (charge indicated below): <input type="checkbox"/> I will pick up my order			
Add Shipping & Handling (for delivery)	1 - 5 packs....\$10.00 11 - 15 packs.....\$20.00 6 - 10 packs....\$15.00 16 - 20 packs.....\$25.00 21 packs or more.....call for estimate		
Add Sales Tax		7.72%	
If you are tax-exempt, include a copy of your sales tax exemption form.			
Total			\$

To ensure delivery, please complete the "Attn:" section of the mailing address. All orders must be prepaid before they will be shipped. Forms are shipped by UPS (No P.O. Box addresses). Please allow two weeks for delivery. *If our records indicate an order has been shipped, we are not responsible for lost orders.*

Payment must accompany all orders!

If paying by **check or money order**, please send this form along with payment to:



Progressive Services, Inc.

1925 S. Rosemary St., #H
Denver, CO 80231
Ph 303-923-0000
Fax 303-923-0001

If paying by **credit card**, please send this form to the address listed at the left, or fax to: **303-923-0001**

Visa Master Card American Express

Card #: _____

Exp. Date: _____ / _____ Security Code _____

Authorized Signature

Print Name

Please complete if billing address on credit card is different from above.

Street Address: _____

City, State, Zip: _____