

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 (<i>charge indicated below</i>): <input type="checkbox"/> I will pick up my order			
Add Shipping	1 - 4 packs.....\$10.00	15 - 19 packs.....\$25.00	
& Handling	5 - 9 packs.....\$15.00	20 - 24 packs.....\$30.00	
(for delivery)	10 - 14 packs.....\$20.00	25+.... call for cost	
<i>If you are tax-exempt, please include a copy of your sales tax exemption form.</i>			
Tax-Exempt#	Add Sales Tax	7.65%	
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: _____