

# 2015 Ohio NATP THE QUICKFINDER Order Form

Name & Company: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Product	Quantity
1040 Quickfinder Handbook (includes shipping & tax)	___ x \$52.00 = \$ _____
Small Business Quickfinder (includes shipping & tax)	___ x \$52.00 = \$ _____
Tax Planning for Individuals (includes shipping & tax)	___ x \$52.00 = \$ _____
<b>NEW!</b> Health Care Reform (includes shipping & tax)	___ x \$52.00 = \$ _____
IRA & Retirement Plan (includes shipping & tax)	___ x \$52.00 = \$ _____
Quickfinder Premium (includes shipping & tax)	___ x \$75.00 = \$ _____
<b>Total Enclosed</b>	



Price Comparison Calculation		
Ohio NATP	VS	Quickfinder (1040)
		1 Book
Price	<b>\$52.00</b>	\$ 49.00
Shipping	<b>included</b>	\$ 5.50
Tax	<b>included</b>	\$ 3.82
<b>Total</b>	<b>\$52.00</b>	<b>\$58.32</b>
	<b>Per book</b>	<b>Per Book</b>

❖ Orders will be shipped to you as soon as the books are received. Please be aware that shipping dates for some of the products are after the New Year.  
 ❖ If you choose to order directly from Quickfinder, please use the NATP code Q680.

- **If there is another book in the Quickfinder series that you would like to order, please call Melissa Bowman at the number below for prices. Ohio NATP will work to order it for you to save you the shipping and sales tax.**
- Make checks payable to: **Ohio Chapter NATP**      Orders must be received by: **October 15, 2015**
- Please send completed orders to:
 

*Melissa Bowman *8917 N State Route 121 *Bradford, OH 45308	Call, Fax or E-mail Melissa at: *937-448-6159      Call *937-448-0626      Fax <a href="mailto:melissa@rainbowaccting.com">*melissa@rainbowaccting.com</a>
---	---
- Credit cards accepted.      Type: Visa- MasterCard – Discover (Please remember credit card charges will show on your statement as a charge to Rainbow Accounting Services, LLC.)

Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Cardholder Billing Address: \_\_\_\_\_  
 Cardholder City/State/Zip Code: \_\_\_\_\_  
 Cardholder Phone Number: \_\_\_\_\_  
 Cardholders Signature: \_\_\_\_\_

**Thank You for supporting Your state NATP Chapter!!**