

NICHOLS & MOLINDER ASSESSMENTS, INC.

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Psychosexual Life History Order Form

Responsible Clinician's Information

Name and Degree: _____

Agency Name: _____

Ship to Address: _____

Phone #: _____ Fax #: _____

e-Mail Address: _____

Signature: _____ Date: _____

SET	1 SET = 5 INDIVIDUAL COPIES	Price	Total
	Adult Male (English)	15.00	
	Adolescent Male (English)	15.00	
	Adult Male (Spanish)	15.00	
	Adult Female (English)	15.00	
8.8%	Sales Tax (Washington State Only)		
XXX	Shipping & Handling (see chart)		
xxx	TOTAL		

PAYMENT METHOD

VISA or MASTERCARD

V Code (last 3 digits on signature line) _____

Expiration Date: _____

Zip Code of Cardholder: _____

Name of Cardholder: _____

Check #: _____

Purchase Order #: _____

We only accept Purchase Orders from U.S. (State/County/Federal) or Canadian Provincial/Federal Agencies.

We do not accept Purchase Orders which contain:

- 1) Release of liability for use of copyright materials.*
- 2) Requirement for insurance coverage.*
- 3) Indemnification against liability.*
- 4) Requirement of a fee to do business in their locale.*

9-01-07

SHIPPING & HANDLING CHART (subject to actual shipping cost)

Location	Rate	Minimum
United States Pacific & Mountain Time Zones	5%	8.00
United States Eastern & Central Time Zones	5%	10.00
Canada & Mexico	8%	15.00
Outside North America	15%	35.00

AS A CONDITION OF THIS SALE, PURCHASER AGREES NOT TO REPRODUCE OR ADAPT THE PSYCHOSEXUAL LIFE INVENTORY IN ANY MANNER OR BY ANY MEANS