

# Order your own copy of Drug Identification Bible

Sales are limited to governmental agencies/employees and professional organizations

**Ordered by:** \_\_\_\_\_  
Name (Please print or type) Your Purchase Order Number (Optional)

( ) \_\_\_\_\_  
Phone Number Date

<p><b>Ship to:</b> _____  <span style="margin-left: 100px;">Agency/Department (Required)</span></p> <p>_____ <span style="margin-left: 150px;">Attention</span></p> <p>_____ <span style="margin-left: 100px;">Shipping Address</span></p> <p>_____ <span style="margin-left: 50px;">City and State</span> <span style="margin-left: 100px;">Zip Code</span></p>	<p><b>Bill to:</b> _____  <span style="margin-left: 20px;">(If different than ship to)</span> <span style="margin-left: 100px;">Agency/Department</span></p> <p>_____ <span style="margin-left: 150px;">Attention</span></p> <p>_____ <span style="margin-left: 100px;">Street or P.O. Box Number</span></p> <p>_____ <span style="margin-left: 50px;">City and State</span> <span style="margin-left: 100px;">Zip Code</span></p>
--	--

Quantity	Description	Price Each	Total
	<b>CLOSEOUT - Drug Identification Bible - 2014/15 Edition</b>	<del>\$39.95</del> \$15.98 each*	
	<b>Drug Identification Wall Chart</b>	\$17.50 each*	
	<b>Meth Lab Hazards Wall Chart</b> <small>(Available only to public safety agencies)</small>	\$17.50 each*	
	<b>A Body On Drugs Wall Chart</b>	\$17.50 each*	
	<b>Drug Paraphernalia Wall Chart</b>	\$17.50 each*	
	<b>Methamphetamine Production Wall Chart</b> <small>(Available only to public safety agencies)</small>	\$17.50 each*	
	<b>Pharmaceutical Identification Wall Chart</b>	\$17.50 each*	
<b>Payment Method:</b> <input type="checkbox"/> Bill Governmental Agency		<b>Shipping Per Order</b>	<b>\$7.00</b>
<input type="checkbox"/> Check Enclosed		<b>Total Amount</b>	
<input type="checkbox"/> Visa			
<input type="checkbox"/> MasterCard			
<input type="checkbox"/> American Express			
<input type="checkbox"/> Discover			

\*Discounts available on quantities of five or more of any one item - please call for quotes.

**Card Number:**


**Expiration Date - Month / Year** **CVC Number**  
(3 or 4 digit code on reverse of credit card)

**Name:** \_\_\_\_\_  
(Please print as shown on credit card)

**Mail, phone or fax to:**  
**Amera-Chem, Inc.**  
**P.O. Box 518**  
**Grand Junction, CO 81502 USA**  
**TEL 1-800-772-2539**  
**FAX 1-800-852-7870**  
**Tax ID Number 84-1436389**

**Visit our website at [www.drugidbible.com](http://www.drugidbible.com)**