



REQUEST FOR QUOTE

PLEASE TYPE OR PRINT CLEARLY				
Name				
Company				
Street				
City		State		Zip
Phone		Specialty		
Email				

- Enter the quantity of each item needed in the Quantity column below.
- Add the Item # (if known) and Description of any additional products needed.
- Leave all other fields blank.
- Submit the request via email attachment or toll-free fax.

Item #	Description	Quantity	Price	Amount
21602	CPT PLUS! 2016 - SOFTBOUND			
21603	CPT PLUS! 2016 - SPIRAL BOUND			
21600	CPT 2016 STANDARD EDITION			
21601	CPT 2016 PROFESSIONAL EDITION			
21608	ICD-10-CM 2016 - SOFTBOUND			
21611	ICD-10-CM 2016 MAPPING			
21615	ICD-10-PCS 2016 - SOFTBOUND			
21618	ICD-10-PCS 2016 MAPPING			
21637	HCPCS 2016 - SOFTBOUND			

HOW WILL YOU PAY FOR THIS ORDER?

- PREPAID WITH CHECK OR CREDIT CARD
- PURCHASE ORDER

Order Total	
Sales Tax (CA & IL Only)	
Shipping	
Amount Due	

EMAIL TO: order.processing@pmiconline.com

FAX TO: 1-800-633-6556

YOUR ORDER IS RISK-FREE WITH OUR 60-DAY RETURN PRIVILEGE