

# Alliance of Construction Trades

*Just Point and Communicate!*<sup>™</sup>

Please mail or fax this form to: Alliance of Construction Trades, 465 W. St. Mary's Rd. Suite 100, Tucson, AZ 85701

Quantity Discount Available call ACT @ 520-624-3002

| Quantity                   | ISBN#         | Title   | Price   | Amount |
|----------------------------|---------------|---|---------|--------|
|                            | 1-58581-005-3 | <i>Homeowners</i>                                     | \$19.95 |        |
|                            | 1-58581-006-1 | <i>General Contractors, Builders, and Supervisors</i> | \$29.95 |        |
|                            | 1-58581-017-7 | <i>Brick, Concrete, and Foundation Masons</i>         | \$19.95 |        |
|                            | 1-58581-016-9 | <i>Carpenters, Drywall Installers, and Framers</i>    | \$19.95 |        |
|                            | 1-58581-014-2 | <i>Carpet and Flooring Installers</i>                 | \$19.95 |        |
|                            | 1-58581-010-X | <i>Electricians</i>                                   | \$19.95 |        |
|                            | 1-58581-011-8 | <i>Landscapers and Gardeners</i>                      | \$19.95 |        |
|                            | 1-58581-012-6 | <i>Painters</i>                                       | \$19.95 |        |
|                            | 1-58581-015-0 | <i>Roofers</i>  | \$19.95 |        |
|                            | 1-58581-013-4 | <i>Tile Installers and Stone Masons</i>               | \$19.95 |        |
| Shipping & Tax to be added |               |   |         |        |
| Total                      |               |   |         |        |

Check or Money Order is enclosed    
  MasterCard    
  Visa

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name to Bill \_\_\_\_\_

Address to Bill \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ship to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Ordered by \_\_\_\_\_ Date \_\_\_\_\_

Customer signature

**Fax this form to ACT @ 520-624-3049**