



State of Wisconsin
 Department of Administration
 Document Sales and Distribution
 4622 University Ave.
 Madison, WI 53705-2156
DOADocumentSalesInformation@wisconsin.gov

DOA-3330

Document Sales Order

Ordered By:

Name _____
 Organization's Name _____
 Cert # _____
 Street Address _____
 P. O. Box _____
 City, State and ZIP + 4 _____
 Daytime Telephone (____) _____
 E-mail Address _____

To Order and/or for further information please call:
 (608) 266-3358 or Long Distance: 1-800-DOC SALE
 (362-7253)

FAX: (608) 261-8150

Check or Money Order must be made payable to:
WI Department of Administration

Open Monday through Friday, 7:45 am to 4:30 p.m.

Inter-D Address: Document Sales
 4622 University Ave
 (Madison Area Only)

Stock Number	Quantity	Description	Item Price	Total
SBD10445		RWP Certificate of Compliance Stamp (Single)	\$43.00	
		RWP Certificate of Compliance Stamp (5 Pack)	\$203.00	
		RWP Certificate of Compliance Stamp (10 Pack)	\$403.00	
		RWP Certificate of Compliance Stamp (25 Pack)	\$1,003.00	
Item above are Tax Exempt		Non Taxable Items Subtotal		
SBD7114A		RWP Certificate of Compliance Forms (25 Pack)	\$7.00	
SBD7313A		RWP Field Inspection Report Forms (25 Pack)	\$7.00	
SBD7366		Informational Brochure for Buyers and Sellers of Rental Properties (25 Pack)	\$7.00	

State Government Customers Only	
General Services Billing Information	
Customer Use Code	
Optional Data	
Optional Order Number	
Authorized Signature:	

Credit Card Customers Only	
<ul style="list-style-type: none"> ▪ Orders by phone are accepted when purchases are made with VISA or MasterCard ▪ Include credit card account number, signature, and credit card expiration date. 	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit Card Number	
Expiration Date (mm/dd/ccyy)	
Signature	

Subtotal	
Add 5% state sales tax (WI Residents Only)	
Add 0.5% WI county sales tax (if applicable)	
Add 0.1% or 0.5% stadium tax (if applicable)	
Add \$2.50 Credit Card Processing Fee (if applicable)	
Total	

Your order is subject to return if there are errors on the order form and/or an incorrect amount due was submitted. Please call for assistance at (608) 266-3358.

For Office Use Only	
Date (mm/dd/ccyy)	CSR
Order No.	Customer No.
Approval No.	New Exp. Date (mm/dd/ccyy)
Amount Paid	
Payment Type <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> V/MC <input type="checkbox"/> GSBS <input type="checkbox"/> FR	