



State of Wisconsin
 Department of Administration
 Document Sales and Distribution
 202 S. Thornton Ave.
 Madison, WI 53703-3037
docsales@doa.state.wi.us

DOA-3330 (R1/2009)

Document Sales Order

Ordered By:

Name _____

Organization's Name _____

Street Address _____

P. O. Box _____

City, State and ZIP + 4 _____

Daytime Telephone () _____

Email 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

Please make Check or Money Order payable to:
WI Department of Administration

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

Inter-D Address: DOA /DocSales/202 S. Thornton Ave
 (Madison Area)

Ship To: (if different from above)

Name _____

Organization's Name _____

Street Address _____

P. O. Box _____

City, State and ZIP + 4 _____

Stock Number	Quantity	Description	Item Price
SBD9493		Wis. Manufactured Dwelling Insignia – Single – Non-taxed	\$33.00
		Wis. Manufactured Dwelling Insignia – 5 Pack – Non-taxed	\$153.00
		Wis. Manufactured Dwelling Insignia – 10 Pack – Non-taxed	\$303.00
		Wis. Manufactured Dwelling Insignia – 25 Pack – Non-taxed	\$753.00

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

Subtotal	
Add \$2.50 Credit Card Processing Fee (if applicable)	
Total	
<ul style="list-style-type: none"> Your order is subject to return if there are errors on the Order Form and/or an incorrect amount was submitted. For assistance please call: (608) 266-3358 	

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

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	

This form can be made available in accessible formats to qualified individuals with disabilities. This order form may be reproduced.