



ORDER FORM

Company Name _____

Phone () _____ Fax () _____ Email _____

Address _____

City _____ State _____ Zip _____

Shipping Address _____

Special Notes _____

ITEM	QTY	UNIT PRICE	*	TOTAL	OFFICE USE
Employer's Guide to IIPP (Basic Program)		599.00			
Agricultural Worksheet		200.00			
Automotive Worksheet		100.00			
Hospitality/Food Service Worksheet		100.00			
Industrial Chemical Worksheet		100.00			
Industrial Tools / Machines / Equipment		300.00			
Medical Worksheet		100.00			
Personal Services Worksheet		100.00			
Workplace Violence Prevention Worksheet		200.00			
Supervisor's Copy of IIPP (8½" x 11")		25.00	*		
Handbook Master Typesetting Fee(One fee required for each type of handbook ordered)		100.00			
IIPP Employee Handbooks (8½" x 5½")		15.00	*		
Workplace Violence Prevention IIPP		399.00			
Workplace Violence IIPP Handbooks		10.00	*		
Bloodborne Exposure Control Master IIPP		599.00			
Bloodborne IIPP Employee Handbooks		10.00	*		
Spanish Translation of IIPP		400.00			
Special Research/Writing (call for rates)					
CUSTOMER PO	\$	SUB-TOTAL _____%TAX (*) If taxable in California			
CHECK NUMBER	\$				
AMOUNT PREPAID	\$				
AMOUNT DUE COD	\$			ORDER TOTAL	

ORDER FORM - SIDE 2 OF 2
BOTH SIDES MUST BE COMPLETED

TERMS AND CONDITIONS OF SALE:

- 1) All prices are FOB Relational Compliance Group
- 2) Due to customer-specific printing, all orders require a minimum 50% prepay. Balance COD, certified check or cash in advance.
- 3) All sales final.

ORDERING INFORMATION:

- 1) Written orders must be received prior to processing an order.
- 2) \$50.00 minimum order required.
- 3) Prices listed include freight.
- 4) Prices listed do not include sales tax.
- 5) Prices are subject to change without notice.
- 6) Make checks payable to "Relational Compliance Group"

SHIPMENT AND DELIVERY:

- 1) U.S. shipments are FOB Relational Compliance Group, Alameda, California via regular UPS or U.S. Mail Service. The above conditions will apply unless instructed otherwise.
- 2) All ship dates are approximate. RCG attempts to deliver within 10 business days of receipt of order, including all necessary worksheets.

BY SIGNING THIS FORM I AGREE TO THE FOLLOWING:

1. I authorize Relational Compliance Group. to produce a customized Injury and Illness Prevention Program for my company.
2. I understand that the Injury & Illness Prevention Program will be based on the "Worksheets" attached. The "Worksheets" may not be a definitive listing of all existing hazards. The language generated based on the "Worksheets" should not be considered an absolute solution to all indicated hazards. No responsibility for the implementation, management, or operation of safety procedures is assumed by Relational Compliance Group, its subsidiaries, its sub-contractors, or its agents.
3. I warrant, by authorizing this Injury and Illness Prevention Program, that I will only use the Injury and Illness Prevention Program for the purpose of compliance with Federal and State safety and health regulations and for the purpose of making a safer workplace. I agree and promise not to reproduce, sell, market, transfer, in whole or in part, or utilize Relational Compliance Group provided materials in any way not authorized by Relational Compliance Group in writing, except when promoting safety, and compliance with safety regulations within my company.
4. I agree to pay the full amount of the invoice associated with this order in a timely manner, not to exceed the terms of the invoice.

Signature _____ Date _____

Print or Type Name _____ Title _____