



Ceramic Tile and Stone Consultants, Inc.
P.O. Box 965
Jamul, CA 91935-0965
www.CTaSC.com
tel: 619-669-2967; fax: 619-669-2968; info@CTaSC.com

Stone, Ceramic Tile & Floor Covering Reports ORDER FORM

Please enter my order for Catalina Research Reports (please check one or more):

- Checkboxes for: Floor Coverings Industry (July 2011), Stone Products (July 2010), Floor Covering Ind. Quarterly Update, Ceramic Tile (Nov 2010), Local State, City, Country Flooring Reports, Laminate (Mar 2010), Kitchen Cabinets & Countertops (Mar 2009), Wood Flooring (Dec 2009)

REPORT PRICING: Reports are sent as Pdf files and are licensed for single use only (see below to purchase more licenses). Hard copies are available at additional cost. Pre-purchase reports and receive prior year report for free at time of purchase.

- Checkboxes for pricing options: 1 report \$3,495.00 each, 2 or more reports \$3,095.00 each, Hard copies \$150.00 each, Shipping charges/hard copies \$50.00, Annual Subscription \$1795.00, Annual Sub. with purchase of one report \$1,095.00, Local State, City County Flooring Market Reports (please specify: _____ Type of flooring: _____)
Checkboxes for report quantities: 1 report \$1,250.00, 2 reports \$2,000.00, 3 reports \$2,500.00

LICENSING FEES: Reports are licensed for single use only. Additional licenses may be purchased below.

- Checkboxes for licensing fees: Additional single use \$150.00 each; quantity, Corporate license \$1,500.00 each

EXCERPT PRICING: Report sections and pages may be purchased separately.

- Checkboxes for excerpt pricing: Executive Summary \$995.00 each, Other section \$795.00 each, 1 page \$90.00 each

(Please specify: _____)

TOTAL Amount of purchase = \$ _____ (Please enter method of payment on page 2 of Order Form)

Your name (please print:) _____



Ceramic Tile and Stone Consultants, Inc.

P.O. Box 965
Jamul, CA 91935-0965
www.CTaSC.com

tel: 619-669-2967; fax: 619-669-2968; info@CTaSC.com

Your name (*please print* :) _____

METHOD OF PAYMENT:

Card Type: Visa MC AmEx Card # _____ Exp. Date _____

Authorized Signature: _____

Please bill company P.O. # _____ Check Included (take 5% discount)

Shipping / Billing information (*Billing information must appear exactly as on your credit card account*):

Name _____ Position _____

Company Name _____

Address _____

City _____ State _____ Country _____ Zip Code _____

Telephone _____ Fax _____ E-mail _____

***** FAX your order to CTaSC 619-669-2968 or scan/fill-out email to info@CTaSC.com *****