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| **Student Care Package Order Form** |
| Please submit with your check or credit card information to:   Cleary University  Student Care Package Order 3750 Cleary Drive Howell, MI 48843 or call 1.517.338.3010  or e-mail: hhewitt@cleary.edu |
| Your Name: |
| Your Address: |
| Your Phone: |
| Your E-mail (most frequented): |
| Student’s Name: |
| Student’s Address: (if delivery option) |
| Student’s E-mail: |
| \* ***Credit Card Information: (Authorization Form Below)*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Box** | **Quantity** | **Distribution Date** | **Price** | **Total** |
| # 1 Apartment Essentials |  |  | $28.99 |  |
| # 2 Finals Frenzy |  |  | $29.99 |  |
| # 3 Get Well Soon |  |  | $28.99 |  |
| # 4 Special Occasion/Birthday |  |  | $25.99 |  |
|  |  |  | **Subtotal** |  |
|  |  |  | **10%** **Discount** |  |
|  | | | **Tax (6%)** |  |
|  | | | **Final Cost** |  |

**SPECIAL CONSIDERATIONS:**  
  
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**Special Message:**  
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Please choose to either have your student pick up their care package at the Cougars Den ***or*** have it delivered to their on-campus apartment. ***Please allow 3 Business days for processing.***

**Pick up at Cougars Den \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deliver to student’s on-campus apartment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Disclaimer Statement: Specific items or brands may be substituted when unavailable.*

***Credit Card Authorization Form***

***(All items MUST be completed)***

Amount of Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name of Cardholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Digit Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (on back of Visa/MC/Discover)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to pay the above total amount according to the card issuer agreement.