



American Acupuncture Council



Arbitration Order Form

Name: _____ Today's Date: _____

Phone Number: _____

Arbitrations Forms: \$25 per pack – Qty 100

Order Arbitration Forms

Number of Packs: _____

Special Instructions (Language Specific): _____

Street Address: _____

City, State / Zip: _____

Accepted Credit Cards:



Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____ City, State/Zip: _____

Print Name: _____

Date: _____