



State of Wisconsin
 Department of Administration
 Document Sales and Distribution
 4622 University Avenue
 Madison, WI 53705-2156
DOADocumentSalesInformation@wisconsin.gov

DOA-3330 (R4/2011)

Document Sales Order

Ordered By:

Name _____
 Organization's Name _____
 Street Address _____
 P. O. Box _____
 City, State and ZIP + 4 _____
 Daytime Telephone () _____
 E-mail 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 / 4622 University Ave. / DocSales

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	Total
1200D		MUNICIPAL COURT CITATIONS (MC-2000)	\$3.25	
1201D		WI CITATION & COMPLAINT (NON TRAFFIC) GF116	\$3.25	
1202D		MISDEMEANOR CITATION (GF-119)	\$3.25	

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

Subtotal	
Add 5% state sales tax (WI residents only)	
Add 0.5% WI county sales tax (if applicable)	
Add 0.1% or 0.5% stadium tax (if applicable)	
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 	
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	