

# Order Form Servsafe Starters

**ATTN:** Servsafe Starters Department  
**PHONE:** 800-765-2122  
**EMAIL:** [servicecenter@restaurant.org](mailto:servicecenter@restaurant.org)

**Mail payments or P.O.'s to:**  
 National Restaurant Association Solutions  
 175 West Jackson Boulevard, Suite 1500  
 Chicago, Illinois 60604-2702

**Hours:** M-F 8:30 am—6:30 pm CST

**SERVSAFE TEXAS STARTERS EMPLOYEE GUIDE—TEXAS FOODHANDLER CERTIFICATE PROGRAM PRICING:**

**1 only— \$8.00 each**  
**10 Pack— \$72.00 (or \$7.20 each)**  
**30 pack— \$204 (or \$6.80 each)**  
**50 pack— \$320 (or \$6.40 each)**

**SHIPPING AND HANDLING:**

1-10 Books = \$13 total  
 10-30 books = \$15 total  
 30-40 books = \$20 total  
 40-60 books = \$25 total  
 60-150 books = \$30 total  
 150+ books—call (800) 395-2872 or email [products@tramail.org](mailto:products@tramail.org) for a quote

**PRODUCT RETURNS:**

Returns must be made within 30 days of date Of invoice. PHONE CUSTOMER SERVICE to obtain a return authorization (RA) number, address, and instructions on submitting product Returns. RA number must be written on returned packages, and products must be received in resalable condition to help assure crediting.

Texas ServSafe® Starters is a joint effort offered by the National Restaurant Association Solutions and the Texas Restaurant Association. To order-or for more information go to [www.servsafe.com](http://www.servsafe.com) - search "ServeSafe Employee Guide Texas Version" to receive the **correct booklet (Texas Version)**.

Print clearly to avoid processing delays.

**BILL TO:**

PERSON \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 PHONE/ FAX \_\_\_\_\_ / \_\_\_\_\_  
 Check box if member of state restaurant association. Member number, if known. / EMAIL \_\_\_\_\_

**SHIP TO:**  Check the box if same as billing information.

PERSON \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 STREET ADDRESS (WE CANNOT SHIP TO PO BOXES.) \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 PHONE/FAX \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE RECEIVED/ ORDER ID NUMBER

**PAYMENT METHOD**

Credit Card. *Check one.*  
 Visa  Diners Club  
 MasterCard  Discover  
 American Express

NAME ON CARD \_\_\_\_\_  
 CREDIT CARD NUMBER \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_  
 SIGNATURE OF PURCHASER \_\_\_\_\_

My company has credit terms. I am an authorized purchaser. Invoice us.

COMPANY ACCOUNT NUMBER \_\_\_\_\_  
 SIGNATURE OF PURCHASER \_\_\_\_\_  
 PURCHASE ORDER NUMBER \_\_\_\_\_  
 I am paying by check.  
 CHECK NUMBER \_\_\_\_\_

Quantity	Product Code	Product Description	Unit Price	Total Price
<b>TAX EXEMPT ENTITIES</b> Fax a copy of your <i>Certificate of Exemption</i> along with your order request or you will be charged state sales tax.				
<b>PAYMENTS BY CHECK</b> Acquire an <i>Order ID Number</i> from Customer Service. Write the ID number on your check before mailing payment. Orders ship only after payment has been processed.				
<b>STATE TAX:</b> Add applicable amount except for AK, DE, MT, NH, VT. NRA Solutions reserves the right to correct tax rates and/or collect sales tax assessed by any additional states as required by law.				
			<b>Subtotal</b>	\$ .
			<b>Handling Fee</b>	
			<b>Shipping Fee</b>	\$ .
			<b>State Tax</b>	\$ .
			<b>Order Total</b>	\$ .



[www.servsafe.com](http://www.servsafe.com)