



PREVIEW AGREEMENT

Educational Consultant: _____ Order Date: _____ Date Needed: _____

Organization: _____ Contact: _____

Please complete this form and send to Choosing the Best by fax. If you have any questions, please call the office at 1-800-774-BEST.

Fax: (770) 803-3110

Mail: 2625 Cumberland Parkway, Suite 200
Atlanta, GA 30339

I am requesting the materials listed below for a ____ day preview. By ordering this preview, I agree to contact Choosing the Best Publishing on or before the ____ day preview deadline with my decision to either purchase the Leader Kit(s), return the Leader Kit(s) or request a preview extension. If no contact is made with Choosing the Best within three (3) days after the deadline, I understand that I will be charged for the full cost of the kit(s). Any returned materials must be received within three (3) days of the preview deadline in their original packaging and in new condition. Return shipping charges are my responsibility as the previewing agency or agent.

When will the kit(s) be previewed? _____

Who will preview the kit(s)? _____

_____ customer signature

_____ date

Kits to Preview	Quantity
Choosing the Best SOUL MATE Leader Kit	__ DVD __ VHS
Choosing the Best JOURNEY Leader Kit	__ DVD __ VHS
Choosing the Best LIFE Leader Kit	__ DVD __ VHS
Choosing the Best PATH Leader Kit	__ DVD __ VHS
Choosing the Best WAY Leader Kit	__ DVD __ VHS
Choosing the Best PARENT PREP - Parent Education Leader Kit	__ DVD __ VHS

Charge Card Collateral Information

VISA / MC: _____ exp. ____ / ____

Cardholder Name: _____

I understand that \$10 will be charged to my charge card as a non-refundable shipping and handling fee.

Customer Signature _____

Shipping Address
Name: _____
Organization: _____
Street Address: _____
City/State/Zip: _____
Phone/Fax: _____
Special Instructions: _____
For Company Use Only: __ MD __ LD __ SD __ PS __ DOE __ CG __ Other