



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

DOA-3330

Document Sales Order

Ordered By:

Name _____
 Organization's Name _____
 Cert # _____
 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

Check or Money Order must be made payable to:
WI Department of Administration

Open Monday through Friday, 7:45 am to 4:30 p.m.
Inter-D Address: Document Sales
 4622 University Ave
 (Madison Area Only)

Stock Number	Quantity	Description	Item Price	Total
SBD10445		RWP Certificate of Compliance Stamp (Single)	\$43.00	
		RWP Certificate of Compliance Stamp (5 Pack)	\$203.00	
		RWP Certificate of Compliance Stamp (10 Pack)	\$403.00	
		RWP Certificate of Compliance Stamp (25 Pack)	\$1,003.00	
Item above are Tax Exempt		Non Taxable Items Subtotal		
SBD7114A		RWP Certificate of Compliance Forms (25 Pack)	\$7.00	
SBD7313E		RWP Field Inspection Report Forms (25 Pack)	\$7.00	
SBD7366		Informational Brochure for Buyers and Sellers of Rental Properties (25 Pack) (Print on Demand please allow 2 to 4 business days)	\$13.45	

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

Your order is subject to return if there are errors on the order form and/or an incorrect amount due was submitted. Please call for assistance at (608) 266-3358.

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. The billing address above must match address on your credit card statement.. 	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card Number	
Expiration Date (mm/dd/ccyy)	Card Verification Code (CVC)
Signature	

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	