DATE:_____20____ PURCHASE ORDER NO._____

PAGE NO._____OF _____PAGES

ORDER FORM

INVOICE TO:

SCHOOL: _____

ATTENTION: _____

ADDRESS: _____

_____

CITY: _____

STATE: _____ **ZIP** _____

PHONE: (_____) _____

SHIP TO:

SCHOOL: _____

ATTENTION: _____

ADDRESS: _____

_____

CITY: _____

STATE: _____ **ZIP** _____

PHONE: (_____) _____

Qty	Order Number	Description or Title	Catalog Page	Unit Price	Total Price

Subtotal	
Taxes (where applicable)	
Shipping & Handling (8%, min. $7.50)	
Total	

_____
(Signature of person ordering)

Title: _____

Dept.: _____

PAYMENT METHOD

❑ Bill organization identified above ❑ A check is enclosed

Charge to ❑ VISA ❑ MasterCard ❑ Discover

Account Number ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

Three Digit Verification Code ☐☐☐

Expiration Date_____ Signature _____

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