

ORDER FORM



677 Roosevelt Highway
P.O. Box 3900
Waymart, PA 18472

CONTACT INFORMATION (please complete all fields)

SHIP TO:

NAME _____
POSITION _____
SCHOOL _____
STREET _____
CITY, STATE, ZIP _____
PHONE/FAX _____
EMAIL _____
School Purchase Order # (if applicable) _____

BILL TO: Same as ship to

NAME _____
SCHOOL _____
STREET _____
CITY, STATE, ZIP _____
PHONE/FAX _____

NOTE Prices may vary depending on quantity.

TITLE OF PRODUCT

Item# Quantity Price Total

TITLE OF PRODUCT	Item#	Quantity	Price	Total

Shipping Information: Orders over \$70.00 add 10%.
Orders \$70.00 and under add \$7.00. Outside the continental U.S., call for S/H cost.

All orders must be accompanied by payment in full, School P.O., or credit card information.

Check or Money Order enclosed School Purchase Order enclosed

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Visa
 MasterCard
 American Express

Expiration Date _____ cvc _____ Signature _____

Prices are subject to change without notice.

Subtotal _____
Shipping _____
Sales Tax (PA only) _____ or tax exempt # _____
TOTAL _____