



# ORDER FORM

DATE \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ NO. OF PAGES \_\_\_\_\_

QTY	CODE	DESCRIPTION	PRICE \$
		Freight	
		TOTAL	

## PAYMENT METHOD

☐ Invoice Us (for existing accounts)

☐ Please charge my credit card

☐ Visa ☐ Mastercard

Card no: \_\_\_\_\_

Expiry: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature \_\_\_\_\_

## ADDITIONAL INFORMATION REQUEST

Please send me a catalogue ☐

Please add me to your mailing list ☐

Email: \_\_\_\_\_

We accept deliveries during school holidays Y ☐ N ☐

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