



Order Form

BILL TO: Name _____ School _____ Street _____ City _____ State _____ Zip _____ Phone _____ Email _____	SHIP TO: Name _____ School _____ Street _____ City _____ State _____ Zip _____ Phone _____ Email _____
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QTY	ITEM SKU #	DESCRIPTION	PRICE EACH	TOTAL

Thank You

SHIPPING & HANDLING	Orders under \$20: please add \$3.99 Orders between \$20 – \$85: please add \$5.99 Orders between \$85 – \$1,500: please add 10% Orders between \$1,500 – \$4000: please add 8% Orders over \$4,000: please add 5%	Orders outside of the US will be charged actual freight.	Subtotal Sales Tax (GA residents only) Shipping and Handling (see table)	TOTAL
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Method of payment, please choose one of three options:

1. Check, Payable to Classroom Resource Center

2. Bill School, Purchase Order No. _____ (Must Email or Fax copy of Purchase Order)

3. Charge My Credit Card Card No.

Exp. Date / Security Code Authorized Signature _____

Additional Order Instructions _____