

For your convenience, please photocopy this form for orders by mail or fax.

**Bill To:\***     School Address     Home Address

School (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (      ) \_\_\_\_\_

Email \_\_\_\_\_

**Ship to:** (if different than billing address)

Name \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (      ) \_\_\_\_\_

Email \_\_\_\_\_

\*When paying by credit card, the Bill To address must be your credit card billing address.

**Method of payment:**

Please bill: Purchase order # \_\_\_\_\_  
(must include copy of signed purchase order)

Payment enclosed: Check # \_\_\_\_\_

**Credit card:**

Visa     MasterCard     Discover     AMEX    Exp Date \_\_\_\_\_

Card # \_\_\_\_\_

3-Digit (4-Digit AMEX) Security Code \_\_\_\_\_

Name printed on card \_\_\_\_\_

Signature \_\_\_\_\_

Quantity	Code / ISBN	Title/Description	Price	Total



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