## ORDER FORM

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

Bill To:*	School Address	Home Address	Ship to: (if different than billing address)		
School (if applicable)			Name		
Name			School (if applicable)		
Street			Street		
City			City		
State		Zip	State		Zip
Telephone (	)		Telephone (	)	
Email			Email		
*When paying by cr	edit card, the Bill To address	must be your credit card billing address.	Credit card: (f	or orders under \$10,000)	
				ard Discover AMI	X Exp Date

## Method of payment:

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

Payment enclosed: Check #

🗆 Visa	MasterCard	Discover	□ AMEX	Exp Da
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Card #

3-Digit (4-Digit AMEX) Security Code

- Name printed on card
- Signature

Quantity	y Code / ISBN		Title/Description	Price	Total		
aabaal		Special Catalog Pricing	g*   1 Year \$19.95   2 Years \$34.95   3 Years \$44.95   NEW				
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MASSACHUSET CAROLINA, TEX applicable sales ta	Тах						
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