

Bill To:		
CONTACT NAME		
SCHOOL NAME		
STREET		
CITY	STATE	ZIP
PHONE	FAX	
EMAIL		

Ship To:		
CONTACT NAME		
SCHOOL NAME		
STREET		
CITY	STATE	ZIP
PHONE	FAX	
EMAIL		

Method of Payment		
<input type="radio"/> Purchase Order # _____	<input type="radio"/> Visa	Name on Card _____
<input type="radio"/> Check Enclosed Amount \$ _____	<input type="radio"/> Master Card	Card # _____
Check # _____	<input type="radio"/> Discover	Exp Date (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	<input type="radio"/> American Express	CVV2 Code _____

Quantity	Item Number	Description	Shape	Size	Unit Price	Total Price
Merchandise Subtotal						
Freight Subtotal (Determined from shopping cart on website)						
Tax (Sales Tax will be added to Alabama orders unless Tax Exempt Certificate is on file)						
TOTAL						