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☐ Meeting

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#### BILLING INFORMATION

District \_\_\_\_\_ School \_\_\_\_\_

Attention \_\_\_\_\_ E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### METHOD OF PAYMENT

☐ Purchase Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_ ☐ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

☐ MasterCard ☐ VISA Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name (as it appears on the card) \_\_\_\_\_ Telephone \_\_\_\_\_

#### SHIPPING INFORMATION (if different from billing)

School \_\_\_\_\_

Attention \_\_\_\_\_ E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature and Title

PRODUCT ID	DESCRIPTION	UNIT PRICE	QTY	AMOUNT
Subtotal:				
Please provide Tax Exempt ID for District or Campus		Tax Exempt ID Number:		
OR Please include 8.25% of subtotal if purchased by an individual and not Campus or District		Add Tax 8.25% (individual not campus or district)		
*Shipping/Handling: Please add 2% of total order		*Shipping Charges:		
		TOTAL		

Questions? Please call 713.744.6302

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