

□ VISA	■ MasterCard	☐ Dis	scover			
Credit Card No.						
Exp. Date CVC Code(On back of card)						
Cardholder		. OI Calu)				
Street						
City	C+	ato	71D			

Please copy this page and order by phone, fax or mail. DO NOT send your order more than once, as it will result in duplicate shipments.	103 N. 32nd Street • Louisville 1-800-365-(KY: 502-778-6661 Fax: 502	6661	Cardholder address: Street City			
	ORDER	FORM				
Bill To		Qty.	Item/Description	1	Cost	Total
Attention						
Address						
City State/Zip						
Ship To						
Address						
City State/Zip						
Phone Fax						
Principal's Name/P.O. #						
CUSTOM RIBBON INFOR	RMATION					
School name and event (up to 6 lines, 12 character:						
TERMS						
Purchase Order, Principal's Name or Credit C	ard Number MUST be					
given WITH ORDER. Net 30 days for rated accoun change without notice.						
ALL requests to return merchandise must be days from invoice date and you MUST receive an						
There will be a 20% restocking charge and retur						
expense of the school or teacher.						
SHIPPING & HAN						
* FREE SHIPPING on Science Fair I the continental U.S. (Shipping addre						
codes beginning with 8 or 9 add \$0.5						
Residential Add \$8.00 Per Box).	75					
* FREE SHIPPING on Orders over \$ * \$10 Flat Rate Shipping on Orders u		<u> </u>	~	Shipping		
*A \$2.00 handling fee will be added				Handling		\$2.00

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TOTAL