



Love Learning

ORDER FORM

Date: _____

| Bill To: | Item # | Product Description | QTY | Unit Price | Amount |
|---|--------|---------------------|---|------------|--------|
| (Name) | | | | | |
| (School) | | | | | |
| (Address) | | | | | |
| (City, State, Zip) | | | | | |
| (Phone) | | | | | |
| (Email) | | | | | |
| Ship To: | | | | | |
| (Name) | | | | | |
| (School) | | | | | |
| (Address) | | | | | |
| (City, State, Zip) | | | | | |
| (Phone) | | | | | |
| Method of Payment: | | | | | |
| <input type="checkbox"/> Purchase Order * # | | | | | |
| <input type="checkbox"/> Check Enclosed ** \$ | | | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Discover | | | | | |
| Card # | | | | | |
| Exp. Date | | | | | |
| 3-Digit Code from signature panel: | | | | | |
| Print Cardholder's name | | | | | |
| Cardholder's Signature | | | | | |
| Shipping & Handling | | | | | |
| <input type="checkbox"/> \$1 - \$20 is \$4.95 <input type="checkbox"/> \$20+ is 15% of order | | | | | |
| <input type="checkbox"/> \$100+ is 10% of order <input type="checkbox"/> \$1,000+ is 5% | | | | | |
| <p>*Purchase Orders must be faxed or mailed with Authorized Signature and P.O. number. Purchase Orders are net 30. ** Order will ship after check clears. Make checks payable to Child1st Publications.</p> <p>Return Policy: Please contact us for approval prior to returning any merchandise. No returns will be accepted after 30 days. All products must be in their original, unopened condition for resale. Client will pay all shipping costs. Restocking fee is 20% of order.</p> | | | Merchandise Total: | | |
| | | | NC residents, add 7.75% sales tax: | | |
| | | | Shipping: | | |
| | | | TOTAL: | | |
| | | | <p><i>Thank you for your order!</i></p> | | |