



Relevant Classroom Product Order Form

The Official Distributor for



Name: _____

Organization: _____

Email: _____

Check here to receive our Tips of the Week and special offers. If this box is not checked, we will only use your email to communicate regarding your order.

Phone Number: () - _____

Delivery Method

- Pickup
- Partial Pickup
- Ship

Shipping Address

Name _____

ATTN _____

Street _____

Address _____

City _____

State & Zip _____

Payment Method

- Cash
- Check
- Credit Card

Billing Address

Billing Address same as Shipping Address

Name _____

Billing Address _____

City _____

State & Zip _____

Credit Card Payment

Name on Card: _____

Card Type: Visa MC AMEX Discover

Card Number: _____

Security Code: _____

Expiration Date: ____/____/____

Signature: _____

Pick-Up	Item	Unit Price	Qty.	Total Price

<input type="checkbox"/> 7% sales tax will be added to NE orders unless a tax exempt number is provided.	Sub-Total	
	Shipping	
	Tax	
	TOTAL	

For Office Use Only - Order Number:

600 Blue Sage Blvd | Lincoln, NE 68521
 ph: 1.800.280.7272 ext. 1 | f: 1.877.855.1616