

Order Date: _____

Purchase Order #: _____

ORDERING INFORMATION

School / Organization _____

Contact Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

SHIPPING INFORMATION

School / Organization _____

Attention _____

Address _____

City _____ State _____ ZIP _____

Shipping Contact (Optional) _____

PAYMENT INFORMATION

Payment Method (Select One)

☐ Purchase Order ☐ Credit Card ☐ Check Enclosed

If Paying by Credit Card

Cardholder Name _____

Card Number _____

Expiration (MM/YY) _____ Security Code _____ Billing ZIP _____

ORDER DETAILS

QTY	SKU #	DESCRIPTION	UNIT PRICE	LINE TOTAL

SPECIAL INSTRUCTIONS

ORDER SUMMARY

Subtotal \$ _____

Shipping \$ _____

Sales Tax (8% Ohio only) \$ _____

TOTAL \$ _____

Ordered By (Please Print) _____

Signature _____

🎵 *Thank You!* 🎵

Date _____