



ORDER FORM

Date: _____

Authorized Signature _____

Tax Exempt #

Customer PO #

BILL TO		
Contact Name (Required)		
Company Name		
Address		
City	Province	Postal Code
Telephone Number (Required)		
Email		

SHIP TO		
Contact Name (Required)		
Company Name		
Address		
City	Province	Postal Code
Telephone Number (Required)		
Email		

Product	Item #	Price/ Ea	Qty	Total \$
1				
2				
3				
4				
5				
6				
7				
8				
9				
SUB-TOTAL				\$
Shipping: Items will be sent by regular mail, unless otherwise requested. Shipping & handling charges are based on weight and destination.				
ORDER TOTAL				\$

PAYMENT OPTIONS

Purchase Order Cheques payable to The Teacher's Crate
 Visa Mastercard CC # _____
 Expiry Date: ____ ____ CCV Code (back of card) _____
 Name on Card: _____
 Signature: _____

The Teacher's Crate strives to offer high quality products at affordable prices with fast delivery.

Your support is appreciated!



Tax Exempt #

Customer PO #

	Product	Item #	Price/ Ea	Qty	Total \$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
12					
13					
14					
15					
16					
17					
18					
19					
20					
PLEASE ADD SUBTOTAL TO FRONT PAGE					\$

Download this form at www.shop.theteacherscrate.com
Prices subject to change
Prices do not include applicable taxes

FOR A COMPLETE LIST OF OUR PRODUCTS,
PLEASE VISIT OUR WEBSITE AT
www.shop.theteacherscrate.com