ORDER FORM DATE PURCHASE ORDER NO. PLEASE INCLUDE COPY OF PO BILL TO: ATTENTION TO: STREET: CITY • STATE • ZIP: ____ FAX #: ___ PHONE #: EMAIL ADDRESS: SHIP TO: (No P.O. Boxes Please) In-Store 510 Deer Cross Road, Suite C Pickup ATTENTION TO: Madisonville, LA 70447 STREET: CITY • STATE • ZIP: _____ 985-951-2595 PHONE NUMBER: www.ramrockschoolsupplies.com ORDER NEEDED (Date): **AUTHORIZED BY:** (Signature and Position) Residential Business ORDERING INFORMATION

WRITING THE ORDER • To ensure accuracy and promptness in filling your order, be sure all categories on the order form are completed. If the information given is incomplete, it may be necessary to delay your order until we receive clarification.

PRICES • Subject to change without notice. Orders are shipped at prices prevailing at time of shipment. However, in the event of a sizeable increase, we will notify you for confirmation before shipping.

SHIPPING CHARGES

- For continental US destinations, please add 15% for orders under \$100; 10% for orders over \$100. Minimum shipping and handling charge is \$8.95.
- Overseas shipments subject to actual rates.
- When weight and/or +AS is indicated for a product, additional shipping charges may apply, please call for confirmation or quote.

TERMS • Net 30 days to schools and other authorized institutions. Payment must accompany orders from individuals.

RETURNS • Return authorization required for all returns; please provide invoice number when making request. A restocking fee may apply. All product being returned must be in its original packaging and in saleable condition.

PRODUCT ITEM NO.	PG. NO.	PRODUCT NAME/DESCRIPTION (Title, Color, Size)			. UNIT COST	(Quantity X Unit)
PAYMENT METHOD FOR OUT-OF-STOCK ITEMS, PLEASE: Gancel item.			TOTAL THIS S	DE:		
□ PURCHASE ORDER □ CHECK OR MONEY ORDER \$ □ Substitute comparable item. Amount Check or Money Order# □ Backorder and send when				TOTAL OTHER S	DE:	
CREDIT CARD: MASTERCARD VISA AMERICAN EXPRESS DISCOVER available.				TOTAL ORD	ER:	
NAME ON CARD (Please print clearly):			CVC Number (3 digits on back of card)	SALES 7 (if Applic		
CARD NO.			to again of buck of tural	SHIPPING CHAR((See Shipping Cha	ES:	_
CARD IIV.				TOTAL DU	E:	
Expiration Date Authorized Signature (required for purchase orders or credit charge)				THA	NK YOU FOR YOUR (RDER!