



PO Box 624, North Hampton, NH 03862
 Phone: 800-600-5076 or 603-964-6066 Fax: 603-964-3339

STYLE #	QUANTITY	DESCRIPTION	LENGTH	WIDTH	HANDLE	PRICE EA.	TOTAL \$

SUB TOTAL: _____

% DISCOUNT (IF APPLICABLE): _____

SHIPPING (SEE CHART): _____

SHIPPING CHARGES

TOTAL: _____

\$\$\$\$\$\$	COMM GROUND	RES GROUND	PRIORITY MAIL	COMM 3 DAY	RES 3 DAY
< \$25	\$8.50	\$12.50	\$10.50	\$15.00	\$20.00
\$26-\$50	\$9.50	\$13.50	\$11.50	\$18.00	\$28.00
\$51-\$100	\$12.00	\$16.00	\$28.00	\$30.00	\$36.00
\$101-\$150	\$16.00	\$20.00	\$32.00	\$36.00	\$42.00
\$151-\$200	\$18.00	\$22.00	\$38.00	\$40.00	\$46.00
\$201-\$300	\$24.00	\$28.00	\$42.00	\$44.00	\$50.00
\$301-\$400	\$28.00	\$32.00	\$48.00	\$52.00	\$58.00
\$401-\$500	\$34.00	\$38.00	\$54.00	\$58.00	\$66.00
\$500 +	6-10% *	7-10% *	10-15% *	14-18%	16-20%

* % based on order total before any discounts

COMMERCIAL SHIPPING IS TO BUSINESSES OR SCHOOLS

RESIDENTIAL SHIPPING IS TO PERSONAL RESIDENCES.

Need In Hand Date*: _____

* Please allow for production and delivery time. We will do our best to try and meet your need date.

Note: ALL ORDERS MUST INCLUDE A SCHOOL PURCHASE ORDER, CREDIT CARD PAYMENT OR CHECK.

ORDER PLACED BY:

METHOD OF PAYMENT:

ORGANIZATION NAME: _____

SCHOOL PURCHASE ORDER #: _____

NAME: _____

CAHSIER'S CHECK OR MONEY ORDER: _____

SHIPPING ADDRESS: _____

CHECK: ORGANIZATION _____ PERSONAL _____

CITY, STATE, ZIP: _____

CREDIT CARD: VISA M/C DISCOVER AMEX

CARD #: _____

PHONE: _____

EXPIRATION DATE: _____

FAX: _____

NAME ON CARD: _____

EMAIL: _____

BILLING ADDRESS: _____

SIGNATURE: _____

**For your protection, we reserve the right to verify all credit card orders.*