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School Specialty Science

TOLL FREE ORDERING

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Billing Address: *(required for all orders)* Check if home address ☐

Date _____

Customer # _____

Name _____

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Address _____

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Product #	Description	Quantity	List Price	Amount

Prices subject to change without notice

Subtotal	
Sales tax*	
Shipping & handling (12%)	
TOTAL	

*Please add applicable sales tax or include a copy of tax exempt certificate.

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Prepaid by: ☐ Check/Money Order (enclosed)

☐ VISA ☐ MasterCard ☐ ☐ DISCOVER

Credit card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐

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Name as it appears on Credit Card _____

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If paying by credit card, card address must be the same as the billing address.