

Barcode Order Form



Please complete this two-page form in its entirety. Please include business and alternate telephone numbers in case we have questions about your order. Be advised that delays in your order may occur if we cannot contact you. Actual shipping charges will be added to your invoice. Please add 15% for shipping and handling for continental USA locations only (excludes Alaska/Hawaii). Please allow 2-3 weeks for delivery from **receipt** of your order.

Your PO # _____ Customer # _____

I'm paying by credit card. Please contact me at (phone or email) _____

BILL TO:

School/District Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Contact Name _____ Alternate Contact _____

Business Phone _____ Alternate Phone _____

Fax _____ Email Address _____

SHIP TO: Same as billing (will not autofill fields below)

School/District Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Attention to _____ Phone _____

Please recheck the information you have provided on this form to verify accuracy. Fill out this form completely.

By signing this, I understand that my order will be processed based on the information provided on this form. If I request changes after this form has been submitted or after my order has been processed, I understand that these changes may incur additional charges.

_____ Signature (required)

Follow this link for more information on how to fill out the barcode order form:

[BARCODE ORDER FORM INSTRUCTIONS](#)

