

SHICK SCHOOL SUPPLY ORDER FORM

Print out this order form and mail or fax it to Shick
 Mail to: Shick School & Office Supply, 801 Perrysville Ave., Danville, IL 61832-6897
 FAX to: 1-217-442-1549

SCHOOL/INSTITUTION/COMPANY _____ ATTENTION _____ ADDRESS _____ CITY/STATE/ZIPCODE _____	MARK FOR or ATTENTION OF _____ SCHOOL/INSTITUTION/COMPANY _____ ADDRESS _____ CITY/STATE/ZIPCODE _____
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YOUR PURCHASE ORDER NUMBER _____ YOUR PHONE NUMBER _____ THIS ORDER AUTHORIZED BY _____ POSTITION _____	SHIPPING INSTRUCTIONS SHICK WILL SHIP PROMPTLY BUT PLEASE ALLOW EXTRA DELIVERY TIME FOR ORDERS SHIPPED DIRECT FROM OUR FACTORY SOURCES. SHIP TO ARRIVE <input type="checkbox"/> ASAP <input type="checkbox"/> AFTER _____ <input type="checkbox"/> BACK-ORDERS SHORTAGES <input type="checkbox"/> CANCEL SHORTAGES
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CATALOG PAGE NO.	CATALOG NO.	QUANTITY	PRODUCTION DESCRIPTION	PRICE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<input type="checkbox"/> CHECK ENCLOSED FOR \$ _____ <input type="checkbox"/> CHARGE THIS ORDER TO OUR ACCOUNT. Applies to Schools, Institutions & Commercial Account ONLY. Orders from individuals must always include check or Charge Card (VISA, MASTERCARD) number. <input type="checkbox"/> OPEN A CHARGE ACCOUNT FOR US, WE QUALIFY AS NOTED ABOVE. <input type="checkbox"/> VISA Exp. date _____ ----- <input type="checkbox"/> JMC Exp. date _____ ----- Authorized Charge Card Signature: _____	<input type="checkbox"/> IF PAYMENT IS INCLUDED WITH ORDER, ADD 10% OF THE TOTAL FOR TRANSPORTATION, ADDITIONAL CHARGES WILL BE INVOICED SEPERATELY. <input type="checkbox"/> IF A CHARGE ORDER, SHICK WILL INCLUDE SHIPPING CHARGES ON YOUR INVOICE.	MERCHANDISE TOTAL _____ SALES TAX UNLESS EXEMPT _____ ADD 10% FOR ESTIMATED SHIPPING CHARGES _____ TOTAL _____
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