



1.800.558.9595
Monday – Friday 7 a.m. – 5 p.m. CST
nascoeducation.com
orders@nascoeducation.com

FAX 1.800.372.1236
901 Janesville Ave.
Fort Atkinson, WI 53538

ORDERING INFORMATION

Billing Information

NAME _____ ACCT. NO. _____
SCHOOL/BUSINESS _____
STREET OR ROUTE _____
CITY _____
STATE _____ ZIP+4 _____
PHONE (____) _____
E-MAIL _____

Shipping Information (if different from above)


NAME _____ ACCT. NO. _____
SCHOOL/BUSINESS _____
STREET OR ROUTE _____
CITY _____
STATE _____ ZIP+4 _____
PHONE (____) _____

Please Specify: CATALOG ITEM NUMBER, QUANTITY, PRODUCT DESCRIPTION, SIZE, and COLOR if applicable. When stating "quantity" please conform to our unit packing. Example: If our catalog states "set of 3," order 1 set (not 3). If goods are quoted "per doz.," order 1 doz. (not 12).

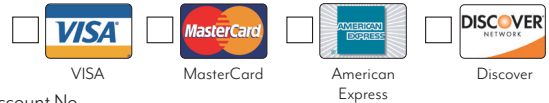
We will furnish quotations to schools, institutions, groups, and individuals for supplies or any given item in large amounts upon request.
All of our customers are entitled to current prices and discounts.

PLEASE USE BLUE OR BLACK INK ONLY, IF FAXING.

Payment Preference

Payment Enclosed P.O. Number _____
 Credit Card Order
 Bill on Open Account — Upon Credit Approval
(Please provide three credit references)
CREDIT TERMS: NET 30 DAYS
  Gift Card # _____

Credit Card Information



Account No. _____
EXPIRATION DATE ____/____ SECURITY CODE (CVC): _____
PRINT CARDHOLDER NAME _____
CARDHOLDER MAILING ADDRESS _____
CITY _____
STATE _____ ZIP+4 _____

Catalog Item Number	Quantity	Product Description	Size/Color	Price		Total	
				Dollar	Cents	Dollar	Cents

TAX EXEMPT: YES NO
If yes, please attach an exemption certificate when submitting order.

Sales tax collected in AL, CA, FL, GA, IL, IN, KS, MA, MD, MI, MN, MO, NJ, NY, OH, PA, SC, TN, TX, UT, WA, WV, and WI.
For more details, including sales tax exemption information, see nascoeducation.com/shipping-delivery.

Items marked with a (♦) will incur a hazardous shipping surcharge.
See nascoeducation.com/shipping-delivery for details.

Reasonable substitutions acceptable.
 No substitutions please.

TOTALS			
Postage or shipping charges			
*Sales tax where applicable; see details at left			
TOTAL			

Signature _____ Date ____/____/____