

Miscellaneous Products Order Authorization Form

For ordering assistance, call 800.365.3377. All orders MUST be in writing.

THIS ORDER INFORMATION PAGE HAS AN UPDATED FORMAT. PLEASE READ CAREFULLY AND FILL OUT COMPLETELY.

****If you are TAX EXEMPT, you must complete and sign our supplied exemption certificate. A copy of your state tax exempt form does not qualify. You can request one by e-mail or download it from our website. If the completed exemption certificate is not received, we are required by law to charge sales tax.**

School Name _____

Conference Cards (p. 17)

- (1) **Conference Cards** Total Qty. _____
 Design Item #: _____
- (2) **Total Number of Imprints** _____
- Include a separate sheet which lists each imprint in its entirety. Some suggested information is: staff member name • title • school name • school address • school phone • school fax • school web address • staff e-mail address
- Also include the style of card and the quantity for each imprint.

Ritefolder® Holders – Tyvek® Envelopes (p. 18)

- All imprinted orders are subject to 5% over/underrun
 Two sided printing is **not** available on Ritefolder® Holder-Tyvek® envelopes.
- (1) **Stock Unimprinted Ritefolder® Holder**
 10" x 15" Qty. _____
- (2) **Custom One-Color Ritefolder® Holder**
 10" x 13" Qty. _____ 10" x 15" Qty. _____
- School name: _____
 Font: _____ Color: _____
- Custom Style, letter _____ (p. 33) (standard only)
 See custom design mock-up enclosed with this order.
- (3) **Imprinted Stock Ritefolder® Holder**
 10" x 15" Qty. _____
 School name: _____

Stock Unimprinted Folders (p.19) & Wall Calendars (p. 17)

- (1) **Homework Folder** Qty. _____
 SU-1 SU-2
- (2) **Character/Bully Education Folder** Qty. _____
 SU-3 SU-7
- (3) **Substitute/Guest/Safety Plan Teacher Folders** Qty. _____
 SU-4 SU-5 SU-8
- (4) **Elementary Wall Calendar** Qty. _____
 Laminated Non-laminated
- (5) **Secondary Wall Calendar** Qty. _____
 Laminated Non-laminated

MAIL TO:

Progress Publications®
 428 N. Ohio St., Columbus, KS 66725 or Fax to 800.572.5163
 Hold Product Until: _____

SCHOOL DISTRICT CONTACT INFORMATION

- Bill to Ship to
- District _____
 Address _____
 City _____ State _____ Zip _____
- Accounts Payable Contact _____
 AP Phone (_____) _____ Ext. _____
 AP Fax (_____) _____
 AP E-mail _____

SCHOOL CONTACT INFORMATION

- Bill to Ship to
- Name _____
 Principal _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Ext. _____
 Order Contact _____
 Phone (_____) _____ Ext. _____
 E-mail _____
 Home Phone (_____) _____

I have read and agree to the **TERMS AND CONDITIONS on this form and page 39 of this catalog.**

****Order will not be processed without a signature.**

 Print Name – Principal, Superintendent, or Purchasing Official

 Title

 Signature – Principal, Superintendent, or Purchasing Official

 Date

PAYMENT INFORMATION (check only one)**

- Credit Card** **Check Enclosed**
- Send Invoice:** Purchase Order Enclosed My signature above is authorization for invoicing.

You will be contacted for your Credit Card information.

PROOF INFORMATION:

Proofs are not available on exact repeats or camera-ready copy. Please ensure that someone is readily available at any time of year to receive and respond to your proof. Immediate response is requested on all proofs. **If a proof is requested, your order will not be printed until you have responded with approval or changes. Please watch for an e-mail from proofs@progresspublications.com**

- Do not send a proof. I will accept responsibility for any errors. Please e-mail me a proof of my front cover imprint only.

Name _____ Summer Phone _____ Alternate Phone _____

**E-mail _____ **Alternate E-mail _____

Alternate e-mail must be a non-school address. This information will not be shared.

****Required**