

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.

NOTE: 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 _____

Stock Unimprinted Folders (p.17) & Wall Calendars (p.15)

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

*10% Discount available on these products. Details on page 35.

Ritefolder® Holders – Tyvek® Envelopes (p.16)

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. 29) (standard only)
 See custom design mock-up enclosed with this order.
- (3) **Imprinted Stock Ritefolder® Holder**
 10" x 15" Qty. _____
 School name: _____

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 35 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)

- Check Enclosed**
- Credit Card** (You will be contacted for your Credit Card information)
- Send Invoice** (check only one) Purchase Order Enclosed My signature above is authorization for invoicing

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**

* Order form for 48 contiguous states.