

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. The following states require you to use the exemption certificate provided by them: CA, HI, IL, MA, MD, NY, TX, WA. A copy of your state tax exempt form does not qualify. You can request one by email 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 _____ District Name _____

Stock Unimprinted Folders (p.4) & Wall Calendars (p.3)

- | | | | |
|--|------------|--|------------|
| (1) Homework Folders
<input type="checkbox"/> SU-1 <input type="checkbox"/> SU-2 | Qty. _____ | (4) Elementary Wall Calendar (min. 5)
<input type="checkbox"/> Laminated | Qty. _____ |
| (2) Character/Bully Education Folders
<input type="checkbox"/> SU-3 <input type="checkbox"/> SU-7 | Qty. _____ | (5) Secondary Wall Calendar (min. 5)
<input type="checkbox"/> Laminated | Qty. _____ |
| (3) Guest/Substitute/Safety Plan Teacher Folders
<input type="checkbox"/> SU-4 <input type="checkbox"/> SU-5 <input type="checkbox"/> SU-8 | Qty. _____ | | |

MAIL TO: Progress Publications®, PO Box 191, Columbus, KS 66725-0191 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 Email _____

SCHOOL CONTACT INFORMATION

Bill to Ship to

Name _____

Principal _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____

Order Contact _____

Phone (_____) _____ Ext. _____

Email _____

Home Phone (_____) _____

I have read and agree to the **TERMS AND CONDITIONS on this form and page 23 of the Progress Publications® 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

Send Invoice (check only one)

Purchase Order Enclosed

My signature above is authorization for invoicing

PROOF INFORMATION: 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 email from Progress Publications®.*

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

Name _____ Summer Phone _____ Alternate Phone _____

**Email _____ **Alternate Email _____

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

*Order form for 48 contiguous states.

**Required.