

# RFID Barcode Order Form



Please complete this two-page form in its entirety. Please include business and alternate telephone numbers in case we have questions about your order. Be advised that delays in your order may occur if we cannot contact you. Actual shipping charges will be added to your invoice. Please add 15.0% for shipping and handling for continental USA locations only (excludes Alaska/Hawaii). Please allow 6-8 weeks for delivery from **receipt** of your order.

*\*Required*

\*Your PO # \_\_\_\_\_ \*Customer # \_\_\_\_\_

\*Email address \_\_\_\_\_

I'm paying by credit card. Please contact me at (phone or email) \_\_\_\_\_

## **BILL TO:**

School/District Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Accounts Payable Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_

**SHIP TO:** [  ] Same as billing

School/District Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Attention to \_\_\_\_\_ Phone \_\_\_\_\_

***Please recheck the information you have provided on this form to verify accuracy. Fill out this form completely.***

By signing this, I understand that my order will be processed based on the information provided on this form. If I request changes after this form has been submitted or after my order has been processed, I understand that these changes may incur additional charges.

\_\_\_\_\_  
Signature (required)

**PLEASE ALLOW 6-8 WEEKS TO PROCESS.**

