ORDER FORM

PURCHASE ORDER NO. _____

DATE _____ / _____ / _____

www.schoolbox.com
CATALOG CUSTOMER SERVICE
1325 Chastain Rd., Suite 350 • Kennesaw, GA 30144
Phone: 770-919-2232 • 800-257-7224
Fax: 770-919-2241

BILL TO: _____ ATTENTION TO: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

SHIP TO: _____ ATTENTION TO: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NO. (_____) _____ ORDER NEEDED BY: _____ / _____ / _____ AUTHORIZED BY: _____
(Signature/Position)

ORDERING INFORMATION

WRITING THE ORDER • To ensure accuracy and promptness in filling your order, be sure all categories on the order form are completed. If the information given is incomplete, it may be necessary to delay your order until we receive clarification.

PRICES • Prices stated are FOB our plants and net except where otherwise noted. **All prices are subject to change because of possible producer price changes.** We bill at the producer's latest selling price. In case of sizeable increase in prices, we shall notify you prior to shipment for confirmation.

SHIPPING CHARGES • FREE FREIGHT Account customers receive Free Freight on minimum orders, please see the inside back cover for Free Freight criteria; or you can call our Customer Service Department for details at the numbers above. **Furniture orders are billed actual freight charges.** Non-account customers who are sending payment with this order please estimate 15% for shipping charges ($7.95 minimum). **Please see the inside back cover of our catalog for full details on shipping charges.**

TERMS • Net 30 days to schools and other authorized institutions. Remittance must accompany orders from individuals.

OUR GUARANTEE

We want you to be happy with your purchase!
If you are not completely satisfied with your purchase please call our Customer Service Department within 30 days for a refund, exchange or credit. Furniture and selected items may be subject to a restocking charge. Item must be in original packaging and in re-sellable condition.

QTY.	PRODUCT ITEM NO.	PRODUCT NAME/DESCRIPTION *(Title, Color, Size)*	CATALOG PG. NO.	UNIT COST	EXTENDED COST *(Quantity X Unit)*

PAYMENT METHOD

❑ PURCHASE ORDER

❑ VISA ❑ MASTERCARD ❑ AMERICAN EXPRESS Expiration Date: _____

NAME ON CARD
(Please print clearly): _____

CARD NO. ☐☐☐☐ ■ ☐☐☐☐ ■ ☐☐☐☐ ■ ☐☐☐☐

_____
Authorized Signature (required for purchase orders or credit charge)

Security Code (3 or 4 digits in signature panel) ☐☐☐☐

NOTE: PRICES CONTAINED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE!

❑ Comparable substitutions will be made unless checked here.
❑ Back Orders
❑ Ship in-stock items only
❑ Hold order until complete

TOTAL THIS SIDE:	
TOTAL OTHER SIDE:	
TOTAL ORDER:	
SALES TAX: (If Applicable)	
SHIPPING CHARGES: (See Shipping Charges)	
TOTAL DUE:	

THANK YOU FOR YOUR ORDER!