curriculum plus

# Order Form

| Order Number | Description | Quantity | Price | Amount |
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| | | | Subtotal | |
| | | | Shipping and Handling charges: Add 10% of order value (minimum $5.00) | |
| | | | Total | |
| | | | Sales tax where applicable | |
| *Prices subject to change without notice | | | | |
| | | | **AMOUNT OWING** | |

**Method of Payment**

☐ I have enclosed a check or money order payable to Curriculum Plus Publishing Company for the total amount.

**By Fax :** Toll free1-888-566-9730
**By Phone:** Toll free 1-888-372-7371
**Email:** kdecoste@fraserdirect.ca

☐ Please charge to my credit card:

☐ Visa ☐ MasterCard

Card number:_____
Expiry Date:_____
Signature : _____

☐ Please Bill me.

**Shipping Address:**
Name:_____
School:_____
School Address:_____
City/State:_____
Zip Code:_____
Telephone:_____

**By Mail**
Photocopy forms as required. Use this order form or your own purchase order form and mail to:

**Curriculum Plus Publishing Company**
P.O. Box 44160
Columbus, OH 43204

**Billing Address:**
Name: _____
School:_____
School Address:_____
City/State:_____
Zip Code: _____
Telephone:_____