


Order:  
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 **Educational Innovations, Inc.®**  
5 Francis J. Clarke Circle, Bethel CT 06801 U.S.A.  
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# ORDER FORM

Federal ID#: 06-1402557

### Bill To:

Name: \_\_\_\_\_  
School/Organization (only if **billing** to school/org.): \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone (Important): \_\_\_\_\_  
e-mail address: \_\_\_\_\_

### Ship To (if different):

Name: \_\_\_\_\_  
School/Organization (only if **shipping** to school/org.): \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone (Important): \_\_\_\_\_  
e-mail address: \_\_\_\_\_

Sign me up for the e-newsletter (Must provide an e-mail address.)

QTY.	ITEM#	DESCRIPTION	UNIT PRICE	TOTAL <small>(All prices in U.S. funds)</small>

### METHOD OF PAYMENT:

**Schools/Organizations ONLY:**  
 Bill Us/Purchase Order (Terms: Net 30)  
**Official Signed Purchase Order Must Be Attached**  
P.O. # \_\_\_\_\_  
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**Individuals or Schools/Orgs:**  
 Check or Money Order (**Enclosed**)  
 Credit Card - give information below

### SHIPPING COST:

**Bill Us/Purchase Order:**  
10% of subtotal  
\$7.95 minimum shipping charge  
**Check, Money Order, Credit Card:**  
8.5% of subtotal  
\$7.95 minimum shipping charge  
(AK, HI, PR, etc.: \$12.00 or 12%)

Subtotal	
State Sales Tax*	
Shipping <small>(based on payment method)</small>	
Grand Total	

**\*Do I Pay Tax?**  
See our website for a quote

CREDIT CARD#: _____	PLEASE CIRCLE TYPE OF CARD
EXP. DATE: _____ CVN: _____	   
SIGNATURE: _____	

Mail and make checks payable to:  
**Educational Innovations**  
5 Francis J. Clarke Circle  
Bethel, CT 06801