

PURCHASE ORDER NO. _____

DATE _____



Television Education, Inc.
 1439 Shore Street
 West Sacramento, CA 95691
 Phone: (916) 572-0762
 Fax: (916) 572-0769
 Email: questions@televisioneducation.com
 www.televisioneducation.com

Ship To:

Please Fax or email Shipping Confirmation Fax #/email: _____

Quantity	Description	DO NOT WRITE IN THIS COLUMN	Each	Subtotal
1			\$	\$
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Visa Master Card American Express Discover

No. _____ Exp. _____

Name on Card _____

Billing Address _____
 street City Zip

SUBTOTAL
 Resale # on File or
 \$7.25% Sales Tax
 Shipping &
 Handling
TOTAL

SHIPPING & HANDLING					
Order Total	S&H	Order Total	S&H	Order Total	S&H
\$0 - \$200	\$14	\$501 - \$600	\$25	\$901 - \$1,000	\$37
\$201 - \$300	\$16	\$601 - \$700	\$28	\$1,001 - \$2,000	\$40
\$301 - \$400	\$19	\$701 - \$800	\$31	\$2,001 - \$3,000	\$46
\$401 - \$500	\$22	\$801 - \$900	\$34	\$3,000 +	\$52

Payment in full must accompany this order. Mail with a check or fax with credit card number. Please allow up to three working days for us to ship this order. Shipments will be sent via ground UPS unless you request otherwise. Please inspect all shipments upon receipt and file any necessary claims for loss or damage in a timely manner with the carrier.

DROP-SHIP ORDER FORM

PURCHASE ORDER NO. _____

DATE _____



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School: _____

Ship to:

Student's Name: _____

Business Name: _____

Address: _____ Suite No./Apt No. _____

City/State/Zip: _____

Phone Number: _____

This address is: Residential Business

- Please Ship: Ground (\$18/student address)
 Next Day Air Within Northern California (\$55/student address)
 Next Day Air Within Southern California (\$75/student address)
 Next Day Air Outside of California (Phone for shipping rate): _____
 2nd Day Air Outside of California (Phone for shipping rate): _____

Quantity	Description	DO NOT WRITE IN THIS COLUMN	Each	Subtotal
1			\$	\$
2				
3				
4				
5				

Visa Master Card American Express Discover

No. _____ Exp. _____ Resale # on File or \$7.25% Sales Tax

Name on Card _____ Shipping & Handling

Billing Address _____
 Street City Zip

TOTAL

A copy of this invoice will **NOT** be enclosed in the package.
 A copy of this invoice will be sent to you.

Please Fax or email Shipping Confirmation
 Fax #/email: _____

Payment in full must accompany this order. Mail with a check or fax with credit card number. (Sorry, no phone or COD orders.) Please allow up to three working days for us to ship this order. Shipments will be sent via ground UPS unless you request otherwise. Please inspect all shipments upon receipt and file any necessary claims for loss or damage in a timely manner with the carrier.