TEACHERS' EXCHANGE

ORDER BY

Mail: 801 S. Florida Ave. #5
Lakeland, FL 33801

Phone: (863) 682-6627

Fax: (863) 682-4054

Email: info@teachers-exchange.com

Website: www.teachers-exchange.com

STORE HOURS:
Mon.-Fri.: 9:00am-6:00pm • Sat.: 10:00am-4:00pm
Closed on Sunday

ORDER FORM

DATE _____ PURCHASE ORDER NO. _____
PLEASE INCLUDE COPY OF PO

BILL TO: _____

ATTENTION TO: _____

STREET: _____

CITY • STATE • ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

SHIP TO: _____
(No P.O. Boxes Please)

☐ In-Store Pickup

ATTENTION TO: _____

STREET: _____

CITY • STATE • ZIP: _____

PHONE NUMBER: _____

ORDER NEEDED (Date): _____

AUTHORIZED BY: _____
(Signature and Position)

☐ Residential ☐ Business

ORDERING AND SHIPPING POLICY

TEACHERS' EXCHANGE OFFERS FREE DELIVERY TO:

- All public school boards sending authorized purchase orders for orders over $50.00.
- Churches, church schools, colleges, preschools, day cares and businesses with an active Teachers' Exchange account for orders over $50.00.
- All non-account customers for orders over $100.00 (Excluding furniture and large items).

Minimum shipping and handling charge is $8.50 for all non-account customers. Orders must be accompanied by full payment, including Florida State Sales Tax of 7% and 15% of total charge for shipping and handling. All furniture and large item orders are subject to a 15% handling charge or actual shipping charges, whichever is greater.

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

PAYMENT METHOD

❑ PURCHASE ORDER ❑ CHECK OR MONEY ORDER $ _____ _____
Amount Check or Money Order#

CREDIT CARD: ❑ MASTERCARD ❑ VISA ❑ AMERICAN EXPRESS ❑ DISCOVER

NAME ON CARD
(Please print clearly):

CVC Number (3 digits on back of card)

CARD NO.

Expiration Date

Authorized Signature (required for purchase orders or credit charge)

FOR OUT-OF-STOCK ITEMS, PLEASE:
❑ Cancel item.
❑ Substitute comparable item.
❑ Backorder and send when available.

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

THANK YOU FOR YOUR ORDER!

*** PLEASE SUPPLY TAX EXEMPT NUMBER ON ALL ORDERS NOT PAYING SALES TAX**

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