

# Preferred Educational Software Order Form

Qty	Name of Product	Unit Price	Total Price
<b>Preferred Educational Software</b> 2324 Tara Ln Springfield IL 62704  FAX (815) 332-1639		<b>SubTotal</b>	
		<small>Sales Tax IL residents add 7.75% Sales Tax</small>	
		<b>Total</b>	

**Purchase Order #** \_\_\_\_\_

Please FAX or Attach School Purchase Order if not paying by check or credit card

Credit Card: VISA, MASTERCARD or DISCOVER

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card # \_\_\_\_\_ Security Code (on back) \_\_\_\_\_

***Please print clearly or your order may be delayed!***

**School Address**

Name \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ No PO boxes

School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Home Address**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

***Please print clearly or your order may be delayed!***