

PHONICS FOR LATINOS ABCs IN COMMON

ORDER FORM

BILLING ADDRESS: () Home () School

SHIPPING ADDRESS: () Home () School

School or District

School or District

Name (Dr., Mr., Mrs., Ms.)

Name (Dr., Mr., Mrs., Ms.)

Address

Address

City State ZIP

City State ZIP

Phone Fax

Phone Fax

Email

Email

PAYMENT METHOD:

- () Purchase Order No. _____
(Must be attached)
- () Check

DATE ORDERED: _____

Please allow up to two weeks for delivery
\$45.00 Minimum Order

UNIT #	TITLE/DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
			Subtotal	\$
UPS Shipping cost will differ depending on units ordered and destination. A 10% handling charge will be added to the order. A quote will be sent after your order is received. 10 day money back guarantee (returns must be received in saleable condition)			Shipping And Handling	\$
			Sales Tax <i>(if applicable)</i>	\$
			Total	\$
PRICES SUBJECT TO CHANGE WITHOUT NOTICE				

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P.O. Box 5314, Culver City, CA 90231

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