

# ORDER FORM

1000 N. Lombard Road, Lombard, IL 60148 | 800-323-2841 | fax 800-727-3433 | www.macgill.com | macgill@macgill.com

BILL TO:						
School Name						
Attention						
Street Address						
City			State	Zip		
Phone E-mail		E-mail	PURCHASE ORDER #			
SHIP TO: (IF DI	FFERENT FROM AB	OVE)				
School Name Attention				Phone		
Street Address		City	zStateZip			
ITEM	077					
NUMBER	QTY	DESCRIPTION / COL	OR	UNIT PRICE	EXT. PRICE	
Shipping Char	ges:			PAGE TOTAL		
Free shipping on most orders over \$6			SALES TAX	(CA, IL, NC, VA)		
	• Customers in	he 48 contiguous states. Alaska, Hawaii, FPOs and APOs,	SHIPPING CHARGES			
on most orders over \$65.00	please contact us for charges.					
	<ul> <li>Order totals th</li> </ul>	at range from <b>\$0</b> to <b>\$64.99</b>		TOTAL		

will incur a \$12.95 shipping charge.

• Items featuring the shipping.

ITEM NUMBER	QTY	DESCRIPTION / COLOR	UNIT PRICE	EXT. PRICE

## ALL SCHOOLS HAVE INSTANT CREDIT

#### **Payment Terms and Options**

All schools have instant credit, meaning MacGill accepts purchase orders from public, private, and college health centers. Invoices will be sent after the completion of the order. Payment terms are Net 30. Prepayment is required for those that do not qualify for credit. If payment is in the form of a check, the check must clear before order is shipped. All major credit cards are accepted.

#### Sales Tax

*Schools:* No Sales Tax will be added except in California and North Carolina. *Businesses and Individuals:* Sales Tax will be added in Illinois, California, North Carolina and Virginia, where applicable.

#### **Price Increase**

Due to unforeseen manufacturer's price increases or decreases, pricing is subject to change without prior notification. MacGill reserves the right to correct typographical errors.

Disclaimer: This document does not knowingly contain an untrue statement of materials and products or omit to cause misleading information or guidelines.

PAGE TOTAL		
FRONT TOTAL		
SALES TAX (CA, IL, NC, VA)		
SHIPPING CHARGES		
TOTAL		

### **CREDIT CARD INFORMATION:**

NAME ON CARD CREDIT CARD BILLING ADDRESS 1				
ADDRESS 2				
CITY	STATE	ZIP		
PHONE ( )				
E-MAIL				
VISA		AMERICAN EXPRESS	DISCOVER	
CARD #				
EXPIRATION DATE		SECURITY CODE		
MO	YR			