

Order Form

Adena Montessori 1376 Holly Ave . Columbus, OH 43212 Tel: 888 -805-6919 , 614-288-0528 **Fax: 866-856-1148** Email: service@adenamontessori.com

| E-mail : | | | | | | | _ | | | We | Was | S JAMITED CONTEX | | |
|--|--------------------------|---|----|---|--------|--------------|--------|-------------------|---------------|---|-----------------------|-------------------|----------|-------------|
| | | | | | | | | _ | | *** | ups | POSTBL SERVICE | | |
| Billing Address: | | | | | | | | Shipping Address: | | | | | Address | |
| School: | | | | | | | | | | | | | | |
| Name : | | | | | | | | | | | | | | |
| Street: | | | | | | | | Street: | | | | | | |
| Street:City: | | | | | | | | City: | | | | | | |
| City: Zip: | | | | | | | | State: Zip: | | | | | | |
| Tel: (| _ | Tel: () | | | | | | | | | | | | |
| Item# | tem# Product Description | | | | | | | Qty | | | Price After Discount | | | Total |
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| Check One | • | | | | | | | • | | | | | | |
| Major Cradit Card | | | | | | | | | | 7 | Grai | nd Subtot | al | |
| This Page Subtotal | | | | | | 11 | | | | 7.5% Sales Tax | | | | |
| ☐ VISA ☐ MC☐Am Exp☐ Discover Subtotal from F | | | | | | al from Pa | ge# | : | | | (Ohio Residents Only) | | | |
| a Chaald | | | | s | ubtota | al from Pa | ge# | : | | 1 | | | | |
| o Check#3 | | | | | | | | | | Shipping charge(Continental United States): This rate is calculated based on Subtotal | | | | |
| Make check payable to Adena montessori Grand Subtotal | | | | | | | | | | | Price | o calculated b | asca c | ni Gubtotai |
| ☐ Paypal (our PaypalAccount is adenaglobal@yahoo.com) | | | | | | | | | | (After Disc | | | | |
| | | | | | | | | | | \$0 - \$20: \$12; \$20.01 - \$60.00: \$16; | | | | |
| | | | | | | | | | | \$60.01 - \$200.00: \$10+subtotal* 10% ; over \$200 is FREE | | | | |
| Authorized Charge card Signature please provide billing address for cree if different from shipping address. | | | | | | dit card | | | · | | | | | |
| Print name as it appearson CreditCard | | | | | | | | | | Shippi | ng | | | |
| | | | | | | | | | | | Total | Due | | |
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| Credit Card Acc | count Number: | | | ᆫ | | | | | Signature | _ ∷ | | | | |
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| | | | Ц_ | | | | | Date: | | | | | | |
| Expiration Date Month | : | Year | | | | | | By signing this | s form you ag | ree to t | he Terms an | d conditions of o | our comp | oany. |
| WOILLI | | | | | _ | | | Tel: (|) | | | | | |
| CID Code: (3/4 I | Digit) from | | | | | | | | | | | | | |
| The back of Credit Card: A l prices are subjectto | | | | | | | Fax: (|) | | | | | _ | |
| Am Exp. C ID | code is at front lower i | righthand | | | _ | ithout notic | | | | | | | | |
| corner of the card. | m | Foreign order payments must be made in US | | | | | | | | | | | | |
| All orders paid by Credit Card m ust include C ID funds code # Im proper code wilde lay the order. | | | | | | | | E-mail: _ | | | | | | _ |
| . sac III proper (| 20 Me my the Oft | | | | | | | 0117 | | | | | | |
| | | | | | | | | OH Tax E | xempt# | | | | | - |