ORDER FORM

PURCHASE ORDER NO.

DATE

_____ / _____ / _____

FAST SERVICE INSIDE DELIVERY

FAXABLE! USE YOUR COPIER TO MAKE DUPLICATES

GRAMCO
CRAFT & SCHOOL SUPPLIES

126 Thirty First Street • Brooklyn, New York 11232

(718) 788-0030 • Outside N.Y.C. (800) 788-5250 • Fax (718) 788-1089

Visit Our Website at: www.gramcoonline.com

Fax 24 hours a day **FAX ORDER FORM** Fax 24 hours a day

BILL TO: _____ **ATTENTION TO:** _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

SHIP TO: _____ **ATTENTION TO:** _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE#: (_____) _____ **ORDER NEEDED (Date):** _____ / _____ / _____ **AUTHORIZED BY:** _____

ORDERING INFORMATION

PRICES • Prices stated are FOB our plants except where otherwise noted. **All prices are subject to change because of possible manufacturer price increases.** In the event of a significant price increase, we will notify you before processing your order.

SHIPPING CHARGES

- Minimum order $25.00. Orders to any educational facility in New York City over $300.00 will be shipped pre-paid, excluding Master Locks, furniture and special imprinted items. On orders less than $300.00, freight charges will be added to your invoice. Elsewhere, FOB NYC Warehouse.
- Overseas shipments subject to actual rates.
- When weight and/or or FedEx is indicated for a product, additional shipping charges may apply, please call for confirmation.
- When is indicated for a product, actual shipping charges will apply, please call for a quote.

TERMS • Net 30 days to schools and other authorized institutions. Payment must accompany orders from individuals.

RETURNS • Return authorization required for all returns; please provide invoice number when making request. A restocking fee may apply. All product being returned must be in its original packaging and in resellable condition.

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

PAYMENT METHOD

❑ OPEN ACCOUNT (per prior arrangement) CREDIT CARD: ❑ MASTERCARD ❑ VISA

NAME ON CARD (Please print clearly): _____

CARDHOLDER'S STREET ADDRESS: _____

CARD NO. | | | | | | | | | | | | | | | | | | |

CVC Number (3 digits on back of card)

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

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

Expiration Date

Authorized Signature (required for purchase orders or credit charge)

THANK YOU FOR YOUR ORDER!

QTY.	CATALOG PG. NO.	PRODUCT ITEM NO.	PRODUCT NAME/DESCRIPTION *(Title, Color, Size, Number of Pages)*	UNIT COST	EXTENDED COST *(Quantity X Unit)*
			TOTAL THIS SIDE:		