



1.800.558.9595
 Monday – Friday 7 a.m. – 5 p.m. CST
 nascoeducation.com
 orders@nascoeducation.com

FAX 1.800.372.1236
 901 Janesville Ave.
 Fort Atkinson, WI 53538

ORDERING INFORMATION

Billing Information

NAME _____ ACCT. NO. _____
 SCHOOL/BUSINESS _____
 STREET OR ROUTE _____
 CITY _____
 STATE _____ ZIP+4

--	--	--	--	--	--	--	--	--	--

 PHONE _____
 E-MAIL _____

Shipping Information (if different from above)

NAME _____ ACCT. NO. _____
 SCHOOL/BUSINESS _____
 STREET OR ROUTE _____
 CITY _____
 STATE _____ ZIP+4

--	--	--	--	--	--	--	--	--	--

 PHONE _____

Please Specify: CATALOG ITEM NUMBER, QUANTITY, PRODUCT DESCRIPTION, SIZE, and COLOR if applicable. When stating "quantity" please conform to our unit packing. Example: If our catalog states "set of 3," order 1 set (not 3). If goods are quoted "per doz.," order 1 doz. (not 12).

We will furnish quotations to schools, institutions, groups, and individuals for supplies or any given item in large amounts upon request.
 All of our customers are entitled to current prices and discounts.

PLEASE USE BLUE OR BLACK INK ONLY, IF FAXING.

Catalog Item Number	Quantity	Product Description	Size/Color	Price		Total	
				Dollar	Cents	Dollar	Cents

TAX EXEMPT: YES ☐ NO ☐

If yes, please attach an exemption certificate when submitting order.

Sales tax collected in AL, CA, FL, GA, IL, IN, KS, MA, MD, MI, MN, NJ, NY, OH, PA, SC, TN, TX, UT, WA, WV, and WI. For more details, including sales tax exemption information, visit www.enasco.com/sales-tax-exemption.

☐ Reasonable substitutions acceptable.
☐ No substitutions please.

Payment Preference

☐ Payment Enclosed ☐ P.O. Number _____
☐ Credit Card Order
☐ Bill on Open Account — Upon Credit Approval
 (Please provide three credit references)
CREDIT TERMS: NET 30 DAYS
☐ Gift Card # _____

Credit Card Information



☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE _____ SECURITY CODE (CVC): _____

PRINT CARDHOLDER NAME _____

CARDHOLDER MAILING ADDRESS _____

CITY _____

STATE _____ ZIP+4

--	--	--	--	--	--	--	--	--	--

TOTALS

Number of items classified as Hazardous, multiplied by \$45.00

Postage or shipping charges

* Sales tax where applicable; see details at left

TOTAL

Signature _____ Date _____

THANK YOU FOR YOUR ORDER!