

ORDER FORM

Bill To:

Name _____ LRC Acct. No. _____
 Address _____ Contact Name _____
 City _____ Prov. _____ Postal Code _____
 Phone () _____ Fax () _____ E-mail _____

Ship To: *(Complete only if different from Bill To.)*

Name _____ LRC Acct. No. _____
 Address _____ Contact Name _____
 City _____ Prov. _____ Postal Code _____
 Phone () _____ Fax () _____ E-mail _____

Payment Method:

Visa/MasterCard No. _____ Expiry Date (mm/yy) _____
 Purchase Order No. _____ Money Order/Cheque Cash (\$) _____

Shipping Method:

Standard Shipping (LRC pays to destinations in Alberta and BC Districts/Schools)
 Courier Collect (specify courier and Account No.) _____
 Courier Prepaid/Chargeback (LRC pays and charges to Customer Invoice)

Product No.	Description (Attach list if necessary)	Qty.	Unit Price*	Total Price
Returns Policy	For detailed information, please refer to the Learning Resources Centre website under "About Us, Returns Policy", or "Business and Ordering Information", or contact the Learning Resources Centre as listed above.	Sub-Total		
		Add 5% GST		
		Total**		

* Prices subject to change.

** For destinations outside Alberta and BC (Districts/Schools), add standard shipping charge of \$5.00 base-rate plus 2.5% of total order value.

Signature _____

Please Print _____

Date _____