Alison's

Order Form

Rep: _____
Customer #_____

Billing Address:
School: _____
Name: _____
Street: _____
City: _____
State: _____Zip: _____

Shipping Address:
School: _____
Name: _____
Street: _____
City: _____
State: _____Zip: _____

Item Code	Quantity	Product Description	Unit Price	Total

Check One
Major Credit card
❑ VISA ❑MC ❑Am Exp ❑Discover
❑ Check#_____

This Page Subtotal	
Subtotal from Page# 2	
Subtotal from Page# 3	
Grand Subtotal	

Grand Subtotal	
8.35% Sales Tax (NY Residents Only)	

Shipping charge: for orders upto $100 is $16.00
Over $100 is 13% of total order.

Make check payable to
Alison's Montessori
179-30 93rd Ave.
Jamaica, NY 11432
USA

Tel Number: (_____)_____
Fax: (_____)_____
E-mail: _____
NY Tax Exempt# _____

Shipping	
Total Due	

Credit Card Account Number:
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Expiration Date: Month ☐☐ Year ☐☐
CID Code: (3/4 Digit) from
the back of Credit Card: ☐☐☐☐
All orders paid by Credit Card must include CID code#
Improper code will delay the order.

Signature:_____
Date: _____
By signing this form you agree to the Terms and conditions of our company.