



PLEASE MAIL, EMAIL, OR FAX YOUR ORDER TO OUR OFFICE

Student Name: _____ Phone # (____)____-____

Street/POB (must give street for UPS)	City	ST	Zip
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Credit Card Payment Information: Card Type: circle one Visa MC Dis AmEx

_____/_____/_____/_____ Exp. Date ____/____ CCV: _____

Street/POB	City	ST	Zip
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(PLEASE USE LEESBURG BILLING ADDRESS ABOVE WHEN REQUESTING A PURCHASE ORDER)

PO # _____ School Name _____

Bookkeeper Name: _____ Phone #: (____) _____ - _____

Bookkeeper Email Address _____

Street	City	ST	Zip
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Please allow 3 weeks for our office to process your order. If you need it sooner, please let us know. Payments must be received before honor cords will be shipped to the individual or the school. Please provide a Credit Card number, Purchase Order number, Money Order, or a School Check (NO PERSONAL CHECKS).

Form effective 2/7/2024-12/31/24.