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 **Educational Innovations, Inc.**  
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**ORDER FORM**  
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 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone (Important): \_\_\_\_\_  
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QTY.	ITEM#	DESCRIPTION	UNIT PRICE	TOTAL (All prices in U.S. funds)

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 Bill Us/Purchase Order (Terms: Net 30)  
*Official Signed Purchase Order Must Be Attached*  
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**Individuals or Schools/Orgs:**  
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**SHIPPING COST:**  
**Bill Us/Purchase Order:**  
 10% of subtotal  
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**Check, Money Order, Credit Card:**  
 8.5% of subtotal  
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<b>Subtotal</b>	
<b>State Sales Tax</b> (see chart below)	
<b>Shipping</b> (based on payment method)	
<b>Grand Total</b>	

**Do I Pay Tax?**  
 CA=7.25% CT=6.35% NJ=7% TX=6.25%  
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CREDIT CARD#:   
 EXP. DATE:   CVN:   
 SIGNATURE: \_\_\_\_\_  
 PLEASE CIRCLE TYPE OF CARD  
   

Mail and make checks payable to:  
**Educational Innovations**  
 5 Francis J. Clarke Circle  
 Bethel, CT 06801