



BILLING INFORMATION: Please complete all fields, Include full address including postal code.

The information submitted is held confidential only for the purpose of completing your order.

The book will be delivered to your student in the school when all the order for your school are complete.

Purchaser Name:

Phone Number:

Address:

Credit Card Number:

Expiry Date:



CV#

Student Name:

Student Grade and Class:

Approval to Process this Order

Signed: _____

Print Name: _____

Date: _____