2016/2017 SCHOOL-WIDE LICENSING ORDER FORM

RE DY MATH

FILL OUT FORM AND FAX, EMAIL, OR MAIL

FAX: 1-866-888-8968

EMAIL: Scan and email to info@classroomready.com

NAIT	MAIL: S	Suite 207	8501	162nd St. Surre	y, E	BC V4N 1B2
SCHOOL INFORMATION (ple	ase print clearly)					
School Name:		Contact Name:				
Address:			Position:			
City, Province:			Email:			
,						
Postal Code:			Phone Nu	mber:		
HOW MANY GRADES ARE	YOU ORDERING?	(Looking for inc	lividual tea	cher pricing? Please call us	for d	etails: 1-866-888-8967)
1 GRADE (\$250/yr)	3 GRADES (\$495/yr)	5 GRADES	(\$693/vr)	7 GRADES (\$89	1/vr)	9 GRADES (\$1089/yr)
	4 GRADES (\$594/yr)	6 GRADES			-	
			(+ ,) - ,		-, , . ,	
B WHAT GRADE LEVELS ARE	YOU ORDERING?					
GRADE 4 MATHEMATICS	GRADE 7 M	MATHEMATICS		GRADE 10 MAT	ГНЕМ	ATICS
GRADE 5 MATHEMATICS	GRADE 8 M	NATHEMATICS		GRADE 11 MAT	ГНЕМ	ATICS
GRADE 6 MATHEMATICS	GRADE 9 M	MATHEMATICS		GRADE 12 MAT	ГНЕМ	ATICS
EXTRA BOOKS? (2 books are						TOTAL EXTRA BOOKS
		^x		^x grade 8		@ \$49.95 =
TOTAL COST (Add totals from	sections A and C, plus applica	able GST/HST)				GST / HST GUIDELINES
+	=	+	=	\$		BC, AB, SK, MB - Please add 5% GST ON, NL, NB - Please add 13% HST PEI - Please add 14% HST
	Subtotal	GST/H	ST	GST# 86092 7391 RT 000	_ 1	NS - Please add 15% HST
BILLING OPTIONS						
	er (fill in 'D' below)	Purchase order a	ittached	Visa/MC (fill in 'E' be	low)	P.O.#
BILLING INFORMATION (if diffe	rent from school)	E CREDIT		FORMATION (Visa or Ma	astero	ard only)
Address:		Card Numl	oer:			Expiry (MM/YY)
City, Province:	Postal Code:	(F)—	SEND REC	EIDT DV:		
		Y_{\square}	L TO SCHO		BILLI	NG ADDRESS ((D))
OR: FAX TO:			2 10 30110	_	DICLI	10 / 100 / 100 /
EMAIL TO:		FAX:		EMAIL:		