Virginia Homeschool Manual Order Form

Shipping Information
Library/Non-profit/Reseller: ____________________________________________
Contact Person: ______________________________________________________
Shipping Address: _____________________________________________________
City: ________________________ State: _____ Zip Code: _____________
Phone Number: (_____) _____-_______
E-mail Address: _____________________________________________________

Quantity Discount Rates:

<table>
<thead>
<tr>
<th>Qty Ordered</th>
<th>Discount</th>
<th>Price Each</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5</td>
<td>10%</td>
<td>$44.91</td>
</tr>
<tr>
<td>over 5</td>
<td>20%</td>
<td>$39.99</td>
</tr>
</tbody>
</table>


QTY       Price Each       Subtotal
_______ X $_______ =  $___________
Shipping & Handling (10% of Subtotal) $___________

TOTAL DUE $___________

☐ Enclosed is a check ☐ Charge amount due to my Visa or MasterCard

Card # ___________________________________________ Exp Date ____/____
Authorized Signature: ________________________________________________

Credit Card Billing Address (if different from shipping address):
Street: _____________________________________________________________
City: ______________________ State: _____ Zip Code: __________________

Thank you!
This form MUST be accompanied by a copy of your current (not expired) Tax Exempt Certificate, including the tax-exempt notification number.

Please fax your order and payment to 804-278-9202 or mail to
HEAV
2100 W. Laburnum Avenue, Suite 108A
Richmond, VA 23227

Office Use Only
Rec’d ____________ Ent’d ____________ Deposited ___________ Shipped ____________