

Summer Skills School Order Form

Phone: 800-411-8186

School PO# _____

Date _____

School Name _____

Contact Name _____

School Address _____

Title _____

Desired Delivery Date ____/____/____

City _____ State _____ Zip _____

Alternate Phone (____) _____ - _____

Email _____

Phone (____) _____ - _____

Number of Grade Level Books Desired

Review Book	Pre-K	Kindergarten	Grade 1 Review	Grade 2 Review	Grade 3 Review	Grade 4 Review	Grade 5 Review	Grade 6 Review	Grade 7 Review	Basic Math Review for the Middle Grades	High School Prep	Prealgebra Review	Algebra I Review	Geometry Review	High School Math Review	Math for Life Review	Total Books	
Summer Math Skills Sharpener											NA							
Summer Language Arts Review										NA				NA				
Touch The Future Keyboarding										One level only - Recommended for Grades 3 - 6								
Study Skills Sharpener										One level only - Recommended for Grade 7 through High School								
Spanish I Review										One level only - Recommended for Middle / High School								
Spanish II Review										One level only - Recommended for High School								
French I Review										One level only - Recommended for Middle / High School								

Call 800-411-8186 to place your order with a Summer Skills team member. Hours: 9 a.m. - 5 p.m. EST, Monday-Friday.

Email your completed form to: schoolorders@summerskills.com.

Mail your completed form to:
Summer Skills
2921 Wilson Dr. NW
Grand Rapids, MI 49534
(Remember to make a copy for your records.)

Fax your completed form to:
800-280-9269.
Please call to verify receipt of fax. Do not mail the order form after you have faxed it.

Method of payment: **(Check payable to Summer Skills)** Check enclosed Credit Card (We accept Visa, MasterCard, American Express and Discover.) Tax Exempt Certificate Enclosed*

Payment is due upon receipt of books

Included: Free UPS Ground Shipping for schools

Total Books _____ X \$ _____ ea. = _____ Amount Due

Please email my invoice to _____
Billing address: _____

Shipping Address (if different from billing) _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Credit Card Information:

Acct. Name _____

Acct. No. _____ Exp. _____ CVV _____

Is this a residence? Yes No

* To assist in our efforts to comply with changing sales tax laws, please enclose a properly executed sales tax exemption certificate if you are an exempt school.