W.V.C.ED
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Name: _____ Email: _____

Street: _____ P.O.# (if school order): _____

City: _____ State: _____ Zipcode: _____ Date: _____

W.V.C.ED
P.O. Box 5478
Louisville, KY 40255
wvancleave@wvced.com
wvced.com

USE BLACK INK.

Quant.	Item #	ITEM DESCRIPTION	Price Per	Total

Payment (circle one): P.O. Check Credit Card (P.O.'s and checks are preferred.)

If credit card, circle one: Visa Mastercard Discover Am.Ex.

Card Number: _____ Expiration Date: _____/_____

Subtotal _____

Tax on Subtotal (KY Residents only) _____

Shipping: TBD (email for quote) _____

Total _____

Use Black Ink! Use additional pages if your order does not fit on this page.