



Name: \_\_\_\_\_

W.V.C.ED

Street: \_\_\_\_\_

Email: \_\_\_\_\_

P.O. Box 5478

P.O.# (if school order): \_\_\_\_\_

Louisville, KY 40255

wvancleave@wvced.com

wvced.com

W.V.C.ED  
www.wvced.com

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Date: \_\_\_\_\_

USE BLACK INK.

Quant.	Item #	ITEM DESCRIPTION	Price Per	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 (SC Residents only) \_\_\_\_\_

Shipping:

15% of total (\$150 or more - 10%) \_\_\_\_\_

(Shipping must be at least \$6.50.) \_\_\_\_\_

**Total**

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