

SOLEADO ORDER FORM

Print out this order form and either fax or mail it to the addresses below:

Purchase Order : _____ Date : _____

Company (School) _____

Contact Name : _____ Phone Number : _____

Email Address: _____ Fax Number: _____

Billing Address: _____

Shipping Address and Contact Name/Phone Number (if different than above):

Due Date : _____ Ship via Courier delivery ___ Send via surface mail

<i>ITEM</i>	<i>Number</i>	<i>Cost</i>	<i>Total</i>
Soleado Módulo 1 Book/CD set(s)	_____	@ \$28	_____
Soleado Módulo 2 Book/CD set(s)	_____	@ \$28	_____
Soleado Módulo 3 Book/CD set(s)	_____	@ \$28	_____
Total			_____

Shipping, handling and applicable taxes are not included.

Payment must be within 30 days net of invoice.

Payment by ___ PO Invoice ___ Cheque ___ Pay Pal

Phone and Fax (Local): 604 620 SOLE (7643) Phone and Fax: (Free LD) 1-888-920-2311

Email: sol@soleducational.com

Mailing address for orders & payments: Soleado, 1031 Scantlings, Vancouver, Canada V6H 3N9

Signature of the contact person: _____