## 2024-2025 Order Form

Name Title School/Church School/Church School/Church Address City State Zip Daytime Phone ( ) Email  Payment Information  Check enclosed payable to Positive Action for Christ Charge oxisting Positive Action for Christ Charge oxisting Positive Action for Christ Charge my American Express Discover MasterCard Visa Card Number Charge my American Express Discover MasterCard Visa Signature Print name	Billing Information			Shipping Information				
School/Church Address City State Zip City State Zip Daytime Phone ( ) Email  Payment Information Chack enclosed physible to Positive Action for Christ Charge existing Positive Action for Christ Charge my American Express Discover MesterCard Visa Signature  Signature	Name			☐ Check if same as Billing Information				
Address  City  State  Zip  City  State  Zip  Daytime Phone ( )  Email  Payment Information  Check enclosed payable to Positive Action for Christ  Charge existing Positive Action for Christ customer account  Purchase Order Number  Charge my   American Express   Discover   MasterCard   Visa  Card Number   Card	Title			Name				
City  State	School/Church (if applicable)			Title				
State Zip City State Zip Daytime Phone ( )  Fax ( ) Daytime Phone ( )  Email  Payment Information  Check enclosed payable to Positive Action for Christ  Charge existing Positive Action for Christ customer account  Purchase Order Number Account Name  Charge my American Express Discover MasterCard Visa  Card Number Signature	Address							
Daytime Phone ( )  Fax ( )  Email  Payment Information  Check enclosed payable to Positive Action for Christ  Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my American Express Discover MasterCard Visa  Expiration Date  State  Zip  Daytime Phone ( )  Email  Finall  Finall  State  Zip  Acquirme Phone ( )  Email  Finall  State  Zip  Acquirme Phone ( )  Email  Finall  State  Daytime Phone ( )  Email  Finall  State  Daytime Phone ( )  Email	City			Address				
Fax ( )  Email  Payment Information  Check enclosed payable to Positive Action for Christ  Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my   American Express   Discover   MasterCard   Visa  Expiration Date   Signature	State	Zip		City				
Payment Information  Check enclosed payable to Positive Action for Christ  Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my   American Express   Discover   MasterCard   Visa  Expiration Date	Daytime Phone ( )			State	Zip			
Payment Information  Check enclosed payable to Positive Action for Christ  Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my   American Express   Discover   MasterCard   Visa  Card Number   Signature	Fax ( )			Daytime Phone ( )				
Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my   American Express   Discover   MasterCard   Visa  Expiration Date              Signature	Email			Email				
Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my   American Express   Discover   MasterCard   Visa  Expiration Date              Signature								
Charge existing Positive Action for Christ customer account  Purchase Order Number  Account Name  Charge my   American Express   Discover   MasterCard   Visa  Card Number                  Expiration Date          Signature	Payment Information							
Purchase Order Number	☐ Check enclosed payable to Positive Action for Christ							
Account Name  Charge my	☐ Charge existing Positive Action for Christ customer account							
Account Name  Charge my								
Charge my American Express Discover MasterCard Visa  Card Number Signature	Purchase Order Number							
Card Number	Account Name							
Expiration Date Signature	Charge my American Express Discover MasterCard Visa							
Signature	Card Number							
	Expiration Date							
Print name	Signature							

## Please print.

Item #	Product Description	Qty.	Price	Total
Please send a <b>free</b> Elementary Scope & Sequence.  Please send a <b>free</b> Secondary Scope & Sequence.  Scope & Sequence.				Free
Shipping Rates				
For Billed Orders We charge shipper's list price, which will be reflected on your invoice.		Order Subtotal  Sales Tax*		
For Prepaid Orders Shipping is 15% of the total. Option available only in the continental United States.			Shipping Charges	
*Sales Tax  We currently collect sales tax in these states: GA, IL, NC, OK, and PA. Rates and locations subject to change without notice. Orders exempt from sales tax must be paid by the tax-exempt organization. To receive a sales tax exemption in the above states, organizations must provide us a current sales tax-			Total	



Payment must accompany orders placed by individuals or from outside the United States. Payment must be made in U.S. funds.

Prices subject to change without notice.