Quality Classrooms

Educational Supplies

CALL OR FAX YOUR ORDER TOLL FREE:

Phone: 1 (888) 517-8282
Fax: 1 (888) 246-7475

Mississauga (416) 595-9140
Fax (888) 246-7475

Winnipeg (204) 775-6566
Fax (204) 775-0503

Vancouver (604) 688-5455
Fax (888) 246-7475

email: quality@mts.net

Mail To:	Suite 622, 6-2400 Dundas St. W. Mississauga, Ont L5K 2R8
945 King Edward St Winnipeg, MB R3H 0P8	Suite 715-1489 Marine Dr. West Vancouver, BC V7T 1B8

Bill To:

Name

School / Institution / Company

Address

City Prov. Postal Code

( ) ( )
Telephone Fax Number

Email

Shipped To:

Attention Of:

School / Institution / Company

Address

City Prov. Postal Code

( ) ( )
Telephone Fax Number

Email

ORDER DATE	CUSTOMER ORDER #	SHIPPING INSTRUCTIONS SHIP TO ARRIVE:	IS THIS A CONFIRMATION OF AN ORDER ALREADY PLACED BY PHONE OR FAX? YES ☐ NO ☐ ☐ SEND ANOTHER CATALOG	**NOTE:** ENSURE TO INSPECT ALL PACKAGES PRIOR TO SIGNING FOR DELIVERY

CATALOGUE PAGE NO.	PRODUCT NO.	PRODUCT DESCRIPTION	QUANTITY	PRICE EACH	TOTAL PRICE

MERCHANDISE TOTAL	
ADD 10% FOR ESTIMATED SHIPPING CHARGES	
SUBTOTAL	
G.S.T. ADD 5% OF SUBTOTAL OR 13% HST	
ADD PROVINCIAL SALES TAX (IF APPLICABLE)	
TOTAL	

Cheque enclosed for _____

Charge this order to our account No. _____

Applies to schools, institutions & commercial accounts only. Orders from individuals must always include a cheque or charge card number with signature.

☐ VISA

☐ MasterCard

Card No. _____

Exp. Date _____

Authorized Signature _____

☐ Open a charge account for us. We qualify as noted above and have listed our credit references on reverse.

*Estimate 10% for shipping charges. Oversized items may be more. Phone for oversize shipping quotations. We will prepay and bill the actual costs for shipping on your invoice.

PLEASE PHOTO COPY FOR SUBSEQUENT USE

THANK YOU FOR YOUR ORDER

CATALOGUE PAGE NO.	PRODUCT NO.	PRODUCT DESCRIPTION	QUANTITY	PRICE EACH	TOTAL PRICE
			SUBTOTAL TO BE ADDED TO FRONT PAGE		

NEW CHARGE ACCOUNT INFORMATION

1. To establish a charge account with Quality Classrooms, please complete below. Public schools, recognized denominational parochial schools and governmental units need not submit references.
2. Credit limit for your opening order is $500.
   Please enclose remittance of 50% of the merchandise total for orders larger than $500. We will invoice the balance to your account. This is not necessary for school boards and schools.
3. Individuals may pay by Cheque, Visa or Master Card.

SCHOOL, INSTITUTION, COMPANY				
COMPLETE ADDRESS				
CITY	PROVINCE	POSTAL CODE	TEL. NO.	
NATURE OF ORGANIZATION OR BUSINESS	☐ NON PROFIT	☐ PRIVATE	☐ OTHER (PLS. ADVISE)	DATE COMMENCED:

REFERENCES	COMPLETE ADDRESS	PROVINCE	POSTAL CODE	TEL. NO.
NAME OF BANK				
COMPANY REFERENCE NAME				
COMPANY REFERENCE NAME				

AUTHORIZES QUALITY CLASSROOMS TO DO A CREDIT CHECK: NAME (PLEASE PRINT) _____ CUSTOMER SIGNATURE _____