The Tardy Bell
PARENT/TEACHER STORE

3305 Richmond Rd. • Texarkana, TX 75503
Ph: (903) 832-2914 • Fx: (903) 832-7628
thetardybell@gmail.com • www.TheTardyBell.com

ORDER FORM

PURCHASE ORDER NO.

DATE

_____ / _____ / _____

BILL TO: _____ **ATTENTION TO:** _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE#: (_____ **)** _____ **FAX#: (** _____ **)** _____ **EMAIL:** _____

SHIP TO: _____ **ATTENTION TO:** _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE#: (_____ **)** _____ **FAX#: (** _____ **)** _____ **EMAIL:** _____

ORDER NEEDED (Date): _____ / _____ / _____ **AUTHORIZED BY:** _____

ORDERING INFORMATION

PRICES • Prices stated are FOB our plants except where otherwise noted. **All prices are subject to change because of possible manufacturer price increases.** In the event of a significant price increase, we will notify you before processing your order.

SHIPPING CHARGES
- For continental US destinations, please add 15% for orders under $100; 10% for orders over $100. Minimum shipping and handling charge is $8.95.
- Overseas shipments subject to actual rates.
- When weight and/or *+AS* is indicated for a product, additional shipping charges may apply, please call for confirmation or quote.

TERMS • Net 30 days to schools and other authorized institutions. Payment must accompany orders from individuals.

RETURNS • Return authorization required for all returns; please provide invoice number when making request. A restocking fee may apply. All product being returned must be in its original packaging and in saleable condition.

PRODUCT ITEM NO.	CATALOG PG. NO.	PRODUCT NAME/DESCRIPTION *(Title, Color, Size)*	QTY.	UNIT COST	EXTENDED COST *(Quantity X Unit)*

PAYMENT METHOD

❑ PURCHASE ORDER ❑ CHECK OR MONEY ORDER $ _____ (Amount) _____ (Check or Money Order#)

CREDIT CARD: ❑ MASTERCARD ❑ VISA ❑ AMERICAN EXPRESS ❑ DISCOVER

NAME ON CARD (Please print clearly): _____

CARD NO. | | | | | | | | | | | | | | | | | | | |

CVC Number (3 digits on back of card)

_____ Expiration Date

_____ Authorized Signature (required for purchase orders or credit charge)

FOR OUT-OF-STOCK ITEMS, PLEASE:
❑ Cancel item.
❑ Substitute comparable item.
❑ Backorder and send when available.

TOTAL THIS SIDE:		
TOTAL OTHER SIDE:		
TOTAL ORDER:		
SALES TAX: (if Applicable)		
SHIPPING CHARGES: (See Shipping Charges)		
TOTAL DUE:		

THANK YOU FOR YOUR ORDER!