# Order Form

**The Learning Curve**

**Educational Supplies & Gifts**

PH (863) 325-8130 FX (863) 325-9730

Customer Name ______________________

School / Organization (if applicable) ______________________

Job Title ( if applicable) ______________________

Address ______________________

City ______________ St ______ Zip ______

Telephone ______________________

Fax ______________________

E-mail ______________________

Special Note:______________________

______________________

______________________

_____ / _____ / _____
Date

| Quantity | Item Number | Description | Price Each | | Total | |
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| | | Sub-Total | | | | |
| | | Shipping & Handling - Minimum $6.50 15% under $75, FREE for orders $75 or More | | | | |
| | | (Shipping Charges w ill be applied to all furniture and carpet orders) Sub-Total | | | | |
| | | 7% Sales Tax - Florida Residents Only | | | | |
| | | **TOTAL** | | | | |

Bill to: If Different From Above

Name ______________________

Address ______________________

City ______________ State ______ Zip ______

Contact Name ______________________

Contact Phone # ______________________

**Method of Payment**

☐ Check # ______________

☐ Purchase Order # ______________
( P.O with valid signature attached)

Returned Checks Subject to $25.00 Fee

☐ Visa ☐ MasterCard

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Print Card Holder's Name ______________________ Expiration Date ______________

Card Holder's Signature ______________________

3 digit Code ______________

The Learning Curve • 6294 Cypress Gardens Blvd • Winter Haven, FL • 33884 • www.thelearningcurvefl.com