



# ORDER AGREEMENT

Community Learning LLC  
600 Franklin Street, Suite 110  
Schenectady, NY 12305  
Phone 1-877-347-0461  
Fax 1-888-675-0238  
www.CommLearning.com

Date \_\_\_\_\_

Purchase Order # \_\_\_\_\_

## Customer Information

## Ship To (If Different)

Organization \_\_\_\_\_

Site Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Quantity	Prod. No.	Description	Unit Price	Extended Price

Credit Card: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Subtotal
Shipping and Handling Estimate (8%)
<b>Total</b>

Terms: FOB Schenectady, NY

Authorized By \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_