# School Order Form

**ORDERS**

Phone: 1.800.387.8020  
Fax: 1.800.665.1771  
Email: customer.service.ca@oup.com

**BILL TO**

Name: ________________________________________  
School: ______________________________________  
Address: _______________________________________  
City: _________________________________________  
Province: _____________ Postal Code: _____________  
Telephone: ____________________________________

**SHIP TO**

Name: ________________________________________  
School: ______________________________________  
Address: _______________________________________  
City: _________________________________________  
Province: _____________ Postal Code: _____________  
Telephone: ____________________________________  
Email: (Required for Online Subscriptions) __________________________________________________________

**METHOD OF PAYMENT**

- [ ] Cash  
- [ ] Cheque  
- [ ] Authorized Purchase Order Number: __________________________________________________________  
- [ ] Credit Card  
  
  VISA or MasterCard Number: ___________________________________________  
  
  Expiry Date: ___________  
  
  Authorized Signature: _________________________________________________

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<th>TITLE</th>
<th>ISBN</th>
<th>SCHOOL PRICE</th>
<th>QUANTITY</th>
<th>AMOUNT</th>
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*Subtotal

5% GST / 13% HST

*10% Shipping & Handling

**TOTAL**

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*Shipping & Handling charges may vary, depending on weight and distance.*