

Surfnetkids.com

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Fax/Mail/Email Order Form

Quantity	Item	Price
	TOTAL:	\$
School:		
Contact:		
Email (*REQ	UIRED):oad products will be delivered via a link in an email message, so please double o	11
	r membership site only)	
Password (for	membership site only)	
Billing Addre	SS:	
Billing City, S	ST, Zip:	
Phone:		_
Shipping Add	ress (if different):	
Shipping City	, ST, Zip:	_
	Select one of the following payment methods:	
[] Check enc	losed	
[] Bill my Vi	isa, American Express or MasterCard #:	
	Expiration Date:	_
[] Purchase of	orders accepted from U.S. schools with \$30 minimum order	
	P.O.#*** Please attach your PO	_
	*** Please attach your PO	
Authorizing S	ignature:	_