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Bill To:

Your Name _____
 School Name _____
 Address _____
 City, State, Zip _____
 Phone # _____
 Fax # _____
 E-Mail _____

Ship To:

Your Name _____
 School Name _____
 Address _____
 City, State, Zip _____
 Phone # _____
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Or Mail To:
 K12Certificates.com™, PO Box 3353, Cumming, GA 30028

	Name of Certificate	Item #	Quantity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			



Pricing Chart:

100 Certificates	35 Cents Each
101 to 300 Certificates	30 Cents Each
301 to 750 Certificates	25 Cents Each
750 or more Certificates	20 Cents Each

New Customer CHECK HERE

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Shipping & Handling \$4.99 Flat Rate

Order Total

Method Of Payment

MasterCard Visa Amex

Number On Card _____

Exp Date _____ CVV # _____ (3 Digit # On Back)

Bill Us Net 15 Days PO # _____

Please Note!

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