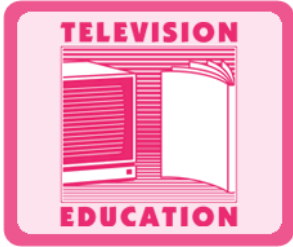


DROP-SHIP ORDER FORM

PURCHASE ORDER No. _____

DATE _____



Television Education, Inc.
 P.O. Box 929
 Davis, CA 95617-0929
 Phone: (530) 756-4991
 Fax: (530) 758-3744
 Email: questions@televisioneducation.com
www.televisioneducation.com

School: _____

Ship to:

Student's Name: _____

Business Name: _____

Address: _____ Suite No./Apt No. _____

City/State/Zip: _____

Phone Number: _____

- Please Ship: Ground (\$18/student address)
 Next Day Air (\$48/student address)

Quantity	Description	DO NOT WRITE IN THIS COLUMN	Each	Subtotal
			\$	\$

MASTER: USE TO MAKE COPIES

Visa Master Card American Express
 No. _____ Exp. _____
 Signature _____

SUBTOTAL
RESALE # ON FILE, or
8.25% SALES TAX
SHIPPING &
HANDLING
TOTAL

A copy of this invoice will NOT be enclosed in the package.

A copy of this invoice will be sent to you.

Please Fax or email Shipping Confirmation

Fax #/email: _____

Payment in full must accompany this order. Fax, or email with credit card number or mail with a check. (Sorry, no phone or COD orders.) Please allow up to three working days for us to ship this order. Shipments will be sent via ground UPS unless you request otherwise. Please inspect all shipments upon receipt and file any necessary claims for loss or damage in a timely manner with the carrier.