# Order Form

Visual Techniques, Inc. Est. 1981

**Authorized School P.O. #** ____________________

**Credit Card #** ____________________

**Signature** ____________________ **Expiration** ____________

**Please check one:**

☐ Discover ☐ VISA

☐ AMEX ☐ MasterCard

**BILL TO:** Please print name and address

Name ____________________

School/Organization ____________________

Address ____________________

City ____________ State ______ Zip ______

Phone ____________________

Email ____________________

**SHIP TO:** (Please, no P.O. Boxes) Please print name and address

Name ____________________

School/Organization ____________________

Address ____________________

City ____________ State ______ Zip ______

| Quantity | Title / Description / Part # | Unit price | Extended Amt. |
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| | | Subtotal | |
| | | Handling | $5 00 |
| | | Shipping | |
| | | **TOTAL** | |


Visual Techniques, Inc. Est. 1981

Email
*sales@visualtechniques.com*
for a quote

**903.297.4642**
**800.777.1798**
Fax: 903.297.0711
2200 Jahan Trail • Longview, TX 75604


Actual shipping charges are assessed by the carrier used. To estimate or prepay, use $9.00 or 9% of your order, whichever is higher.