



www.toucaned.com

How to Complete this Form

1. Complete the "Bill To" section at right.
2. Enter your payment method including credit card #, expiration date, CID #, and signature.
3. Complete the "Ship To" section, if different from the "Bill To" information.
4. List each product title, quantity, and price.
5. To calculate the "Shipping & Handling" visit www.toucaned.com or call us at (888) 386-8226. This field may be left blank. For residential orders add \$4.00.
6. Add CA sales tax if the "Bill To" address is within the state of California.
7. Calculate the TOTAL.
8. E-mail your completed form to info@toucaned.com or fax it to (831) 462-1129.

ToucanEd Order Form

1716 Brommer St.
Santa Cruz, CA 95062
(888) 386-8226
fax (831) 462-1129

INTERNAL USE ONLY

Order taken: date ____/____/____
by _____ SO/INV# _____

BILL TO:

Name _____
Title _____
Agency _____
Address ☐ *Check here if this is a residence**
Street _____
City _____ State _____ Zip _____
County (if CA) _____ Phone (____) _____
E-mail Address _____
Fax (____) _____ ☐ *Check here to receive updates by e-mail*

PAYMENT METHOD:

☐ Check ☐ Purchase Order # _____
☐ Credit Card # _____ Exp. Date _____
CID # _____ Name on Card _____

SHIP TO: (complete if different from BILL TO address)

Name _____
Title _____
Address ☐ *Check here if this is a residence* (UPS does not ship to PO boxes)*
Street _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____

How did you hear about this resource? ☐ Mailing ☐ Web search

☐ E-mail ☐ Conference _____ ☐ Other _____

TITLE	QTY	PRICE	AMOUNT
		x	
		x	
		x	
		x	
		x	
		x	
		x	

SHIPPING & HANDLING

Minimum shipping of \$10.00

Shipping price is calculated by weight and location. You can determine your shipping cost at www.toucaned.com, or leave the Shipping & Handling field blank and we will calculate it for you.

Check below if you would like us to contact you with the final amount before charging your credit card.

☐ Phone _____

☐ E-mail _____

Product Total _____
Shipping & Handling _____
*Residential Surcharge \$4.00 (if applicable) _____
Subtotal _____
CA residents add applicable Sales Tax _____ %
TOTAL _____