

Infinitec Coalition Group Buy Order Form

Don Johnston

April 15, 2016 through December 15, 2016

<u>Product Description & Item #</u>	<u>Retail</u>	<u>Coalition</u>	<u>Qty.</u>	<u>Total</u>	<u>Savings</u>
Switch Interface 10 pack: 82810PK	\$899.99	\$809.99	x _____ = _____		10%
First Author Writing Curriculum: P76WRTCUR	\$699.00	\$675.00	x _____ = _____		3.5%
STF CORE Curriculum: STFCORECLASS	\$699.00	\$675.00	x _____ = _____		3.5%
STF CORE Curriculum Paperback book add on pack: STFCORECLASSB	\$149.00	\$139.00	x _____ = _____		7%
First Author Software Unlimited Site License Subscription: P76ALL1Y	\$750.00	\$625.00	x _____ = _____		16.5 %
Snap&Read Universal Unlimited Site License Subscription:P75WALL1Y	\$750.00	\$625.00	X _____ = _____		16.5 %
Co:Writer Universal Unlimited Site License Subscription: P40WALL1Y	\$750.00	\$625.00	x _____ = _____		16.5 %
Shipping and Handling: \$30 each <i>PerCurriculum</i>				S&H = _____	
Per Site - 8% processing fee required for licenses				P.O. Total = _____	
8% Shipping on Paperback book collection & Switch Interfaces				P.O. # _____	

<p style="text-align: center;">Make Purchase order out to:</p> <p style="text-align: center;">Don Johnston Incorporated 26799 W.Commerce Dr. Volo,IL60073</p> <p style="text-align: center;">Make all payments directly to Don Johnston</p>	<p style="text-align: center;">Please FAX or SCAN this ORDER FORM & PURCHASE ORDER to:</p> <p style="text-align: center;">Crystal Shields PH:708~444~8460 x244 Fax: 708~444~4204 cshields@ucpnet.org</p>
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Verification of Coalition Membership: Illinois Infinitec Kansas Infinitec Minnesota Infinitec Pennsylvania Infinitec

Coalition Member Agency: _____

UCP Authorization Signature _____ Date _____
Infinitec Office use Only

Please print or type:

Organization/School District *(Organization legally able to enter into this agreement)* _____

Name *(Key Contact Person)* _____ **Email for activation link(s)** _____

Title _____

Building Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone# _____ Fax# _____ Date _____