



REPLACEMENT PARTS ORDER FORM



Four Easy Ways to Order:

Mail: ETA Cuisenaire Customer Service 500 Greeview Court Vernon Hills, IL 60061-1862
Tel: 800-445-5985
Fax: 800-ETA-9326
Online: screorder@etacuisenaire.com

9781591923473

Human Body In Motion ExploraGear

Date Purchase Order #

BILL TO: (Please type or print clearly)

School/Institution: Name: Title: Address: City, State, Zip: Tel: Fax:

SHIP TO: (Be sure to give street address - UPS cannot deliver to a P.O. Box)

School/Institution: Name: Title: Address: City, State, Zip: Tel: Fax:

Principal or Purchasing Agent Signature:

Table with 5 columns: ITEM #, ITEM DESCRIPTION, Quantity, PRICE, TOTAL. Lists various items like BAG, ZIP, SANDWICH, BONE, SHIN, STERILE, etc.

Check or money order enclosed Visa MasterCard American Express

Cardholder Signature:

Card #: Expiration Date:

Summary table with rows: Total Cost of Merchandise, Applicable Sales Tax, Shipping Charges, TOTAL

All individual orders must be accompanied by payment via check or credit card.

All orders are subject to approximately 12% (\$7.00 minimum) combined shipping and handling charge based on the size of your order within the contiguous United States.

* SALES TAX: Orders in the following states must include sales tax unless a tax exemption or resale tax certificate is provided or on file: AZ, CA, CO, CT, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NJ, NM, NV, NY, OH, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY.

Warnings 1 - 6 not assigned to these components 01/14/2011