



Group Order Form

www.makit.com

P.O. Box 769100
Dallas, Texas 75376
1-800-248-9443

Provide your phone number for delivery purposes.

Enclose check or money order (no cash please) or enter your credit card information below.

SHIP TO:

Name: _____ Grade Level: _____

School/Organization Name: _____

School/Organization Address: _____ Residence Business

City: _____ State: _____ Zip: _____

DO NOT abbreviate any city name. DO NOT use any abbreviations except for the correct state abbreviation.

email: _____ Phone: _____

Fax: _____ Cell Phone: _____

Please note our normal processing time is 15 business days from the **receipt** of the order **PLUS** allow up to 5 business days for return shipping by UPS.

Product Name	QTY	X	Product Price Per Item in \$ USD	=	Total Price
Make A Plate® processing		X	\$5.95 (CAN-\$7.95 USD)	=	
Make A Tray™ processing		X	\$9.95 (CAN-\$11.95 USD)	=	
Make A Bowl® processing		X	\$4.95 (CAN-\$6.95 USD)	=	
Make A Calendar™ processing		X	\$3.95 (CAN-\$5.95 USD)	=	
Make A Mug™ processing		X	\$3.95 (CAN-\$5.95 USD)	=	

Pricing on this form is valid only through February 2010. If you are processing your order beyond February 2010, visit www.makit.com/teachers and click on "processing fees" to see current processing costs and adjust your order form.

RUSH my entire order (5 business days in-house processing from receipt of order)
DOES NOT INCLUDE TRANSIT TIME

PLACE "RUSH" LABEL HERE
(if applicable)

Sub Total	
Texas Residents add 8.25% or Tax Exempt #	
RUSH PROCESSING ADD \$20.00	
Shipping See Chart Enclosed	
TOTAL	

Please visit our website for photo plates & other fun craft products.

www.makit.com

Questions? Email us at Info@makit.com

Please allow MAKIT to use your artwork as a sample in our sales & marketing materials by signing below:

X _____ date _____

email: _____
To confirm use of artwork

Order Number:

T _____

METHOD OF PAYMENT: Check type
Make checks to: Makit Products. We accept **only** USA funds
 CHECK MONEY ORDER MASTERCARD VISA DISCOVER
 SUBMITTING A CHECK AUTHORIZES US TO CONVERT IT TO AN ELECTRONIC FUND TRANSFER

Card # _____ **Expiration Date** _____

SIGNATURE

NAME (as it appears on card) _____

CREDIT CARD BILLING ADDRESS (if different from shipping)
 STREET ADDRESS _____
 CITY _____
 STATE _____ ZIP CODE _____

KEEP A COPY FOR YOUR RECORDS