

Federal ID# 74-2855860 • DUNS# 557059060
 ABO PUB SCHS Vendor # 10063 • EPISD Vendor # 14095
 SOCORRO ISD Vendor # 101536 • YSLETA ISD Vendor # 25579
 CAGE CODE: 3Z5W2

ORDER DIRECT FROM:



P.O. Box 654
 Albuquerque, NM 87103-0654
 (505) 877-8811
 Fax (505) 877-1521
 Website: www.ainm.com

ORDER FORM

DATE PURCHASE ORDER NO.

PLEASE INCLUDE COPY OF PO

BILL TO: _____

ATTENTION TO: _____

STREET: _____

CITY • STATE • ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

SHIP TO: _____
 (No P.O. Boxes Please)

ATTENTION TO: _____

STREET: _____

CITY • STATE • ZIP: _____

PHONE NUMBER: _____

ORDER NEEDED (Date): _____

AUTHORIZED BY: _____
 Residential Business (Signature and Position)

ORDERING INFORMATION

WRITING THE ORDER • To ensure accuracy and promptness in filling your order, be sure all categories on the order form are completed. If the information given is incomplete, it may be necessary to delay your order until we receive clarification.

PRICES • All prices are subject to change because of possible producer price changes. We bill at the producer's latest selling price. In case of a sizeable increase in prices, we shall notify you prior to shipment for confirmation.

SHIPPING CHARGES • For continental U.S. destinations, including APOs and FPOs, please add 20% for orders totaling \$100.00 or less; add 10% for orders in excess of \$100.00. **Minimum shipping and handling charge is \$15.00.** When weight and/or **AS** is indicated for a product, additional shipping charges may apply, please call for confirmation or quote.

TERMS • Net 30 days to schools and other authorized institutions. Remittance must accompany orders from individuals.

RETURNS • Returns will not be accepted without prior authorization from us. A restocking fee may apply. When requesting authorization to make returns, please include billing invoice number. Materials being returned must be in saleable condition and should be insured, since you are responsible for all materials invoiced.

PRODUCT ITEM NO.	CATALOG PG. NO.	PRODUCT NAME/DESCRIPTION (Title, Color, Size)	QTY.	UNIT COST	EXTENDED COST (Quantity X Unit)

PAYMENT METHOD

PURCHASE ORDER CHECK OR MONEY ORDER \$ _____
Amount Check or Money Order#

CREDIT CARD: MASTERCARD VISA DISCOVER

NAME ON CARD _____
(Please print clearly):

CARD NO.

Expiration Date _____ Authorized Signature (required for purchase orders or credit charge) _____

FOR OUT-OF-STOCK ITEMS, PLEASE:
 Cancel item.
 Substitute comparable item.
 Backorder and send when available.

CVC Number (3 digits on back of card)

TOTAL THIS SIDE: _____

TOTAL OTHER SIDE: _____

TOTAL ORDER: _____

SALES TAX: _____
(if Applicable)

SHIPPING CHARGES: _____
(See Shipping Charges)

TOTAL DUE: _____

THANK YOU FOR YOUR ORDER!

* PLEASE SUPPLY TAX EXEMPT NUMBER ON ALL ORDERS NOT PAYING SALES TAX: _____