

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 FORM

ORDER DIRECT FROM:



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

DATE PURCHASE ORDER NO.

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.

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

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.

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.

SHIPPING CHARGES • For continental U.S. destinations, including APOs and FPOs, please add 30% for orders totaling \$100.00 or less; add 10% for orders in excess of \$100.00. **Minimum shipping and handling charge is \$25.00.** When weight and/or **AS** is indicated for a product, additional shipping charges may apply, please call for confirmation or quote.

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): _____ CVC Number (3 digits on back of card)

CARD NO.

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

TOTAL THIS SIDE: _____
 TOTAL OTHER SIDE: _____
 TOTAL ORDER: _____
 SALES TAX: _____
 (if Applicable)
 SHIPPING CHARGES: _____
 (See Shipping Charges)
 TOTAL DUE: _____

Expiration Date

Authorized Signature (required for purchase orders or credit charge)

THANK YOU FOR YOUR ORDER!

****Request your Price Quote Today - email- lenetteg.ailnm@comcast.net**