



# Macmillan McGraw-Hill

School Publishing Co. Order Department  
220 East Daniel Dale Road  
Desoto, TX 75115-8815  
(fax) 972-228-1982

### BILL TO:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SCHOOL/ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURCHASE ORDER # \_\_\_\_\_

### SHIP TO:

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SCHOOL/ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

UPS  OTHER:  
PREFERRED METHOD OF SHIPMENT \_\_\_\_\_

| ISBN | PRODUCT | QUANTITY | PRICE | TOTAL |
|------|---------|----------|-------|-------|
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |
|      |         |          |       |       |

**TOTAL PAYMENT**

### PAYMENT INFORMATION

CHECK\*  VISA  MASTERCARD  AMEX  OTHER:

\_\_\_\_\_ / \_\_\_\_\_ \$  
CARD NUMBER EXP. (MO/YR) TOTAL PAYMENT

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

\*PLEASE MAKE ALL CHECKS PAYABLE TO: MACMILLAN/McGRAW-HILL

Prices are subject to change without notice. Resellers are free to set their own prices.  
Please send check or money order and include state sales tax where applicable.

