


If you are shopping from a catalog, be sure to mention the SOURCE CODE to make sure you receive any special offers and promotions!

 **Order online 24/7:**  
[www.schoolhealth.com](http://www.schoolhealth.com)

 **By Phone**  
866-323-5465

 **By Fax**  
800-235-1305

865 Muirfield Drive  
Hanover Park, IL 60133

### I. Ship To:

SH Account #	PO#
Name	Title
School Name	
Street Address	
City, State	Zip
Phone #	Fax #
Email Address	

### 2. Bill To: Same as above

Name	Title
School Name	
Street Address	
City, State	Zip
Phone #	Fax #
Email Address	

Check this box if you would like to receive our e-newsletters and special offers.

Email Address: \_\_\_\_\_

### Order Authorized By:

Print Name \_\_\_\_\_

Title or Department \_\_\_\_\_

### 4. Method of Payment

Check  Bill My Account  Money Order

Credit Card   School Health Gift Card

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Credit Card Number/Gift Card Number

Signature of Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

### Shipping & Handling Charges for the Continental U.S.

under \$100 — \$9.95  
 \$100 to \$199 — \$19.95  
 \$200 to \$299 — 10% of sales  
 \$300 to \$499 — 8.5% of sales  
 over \$500 — 7.0% of sales

### 3. Your Order:

Item #	Quantity	Description	Color	Price	Total

Complete Your Order on the Other Side.

See Terms and Conditions on Reverse Side.

