

School Health Order Form

1. Ship To:

| | |
|-----------------------|----------------------|
| SH Account # | PO# |
| <input type="text"/> | <input type="text"/> |
| Name | Title |
| <input type="text"/> | <input type="text"/> |
| Company / School Name | |
| <input type="text"/> | |
| Street Address | |
| <input type="text"/> | |
| City, State, Zip | |
| <input type="text"/> | |
| Phone # | Fax # |
| <input type="text"/> | <input type="text"/> |
| Email Address | |
| <input type="text"/> | |

2. Bill To: Same as above

| | |
|-----------------------|----------------------|
| Name | Title |
| <input type="text"/> | <input type="text"/> |
| Company / School Name | |
| <input type="text"/> | |
| Street Address | |
| <input type="text"/> | |
| City, State, Zip | |
| <input type="text"/> | |
| Phone # | Fax # |
| <input type="text"/> | <input type="text"/> |
| Email Address | |
| <input type="text"/> | |

3. Order Authorized By:

| |
|----------------------|
| Name |
| <input type="text"/> |
| Title or Department |
| <input type="text"/> |

4. Method of Payment

Check Bill My Account Money Order

Credit Card  School Health Gift Card

   

Credit Card Number/Gift Card Number

Name as it appears on card

Expiration Date

Signature (once all other information is filled out, please print out and sign here)

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

Email Address:

Sales Tax: Customers will be charged applicable taxes, unless proof of tax-exempt status is furnished to School Health. Tax-exempt customers should attach/include a copy of their tax exemption certificate with their order.

All Schools Get Instant Credit with Valid Purchase Order:

Call our customer care team for details.

International orders welcome: Please call, fax or email for shipping and payment information.

Prices: We reserve the right to change prices due to unforeseen increases or decreases in manufacturer's prices. Prices are subject to change without notification.

Return of Merchandise Guarantee: Call our Customer Care Center to obtain your Return of Merchandise Authorization (RMA) Number. Returns received without an RMA# will not be accepted and no credit shall be issued. [Software downloads are not eligible for returns.](#)

Direct-Ship: Merchandise shipped directly from the manufacturer to the customer.

Restocking Fee: A restocking fee of 10-20% may be charged for returned goods. The fee(s) will be assessed by the company receiving the merchandise (School Health or a vendor).

Damaged on Arrival: Inspect all shipments before accepting. If a package is visibly damaged, refuse to accept until delivery receipt is marked "Received in Damaged Condition." Immediately contact the Customer Care Center at School Health.

Claims: Claims for damage should be immediately filed with the transportation company. If concealed damage is discovered upon unpacking, contact the Customer Care Center immediately.

Price Matching: School Health is committed to delivering the best products at the best value. All products are competitively priced and our price matching policy guarantees we will match a published price in a competitor's catalog for identical items/quantities in the current year.

Shortages: Shortage, lost, or missing merchandise is our responsibility only after the following precautionary measures have been followed by the customer. (1.) Do not sign delivery ticket unless all packages specified on Bill of Lading are accounted for. If receipt has been signed for total delivery, carriers assume no responsibility. (2.) Check your master Packing Slip. Direct-Ship Items or those on back-order will be delivered separately. (3.) Check all packages marked miscellaneous merchandise carefully. (4.) If summer delivery has been made, check your warehouse carefully.

School Health Corporation makes every effort to depict accurate product descriptions and prices. However, due to changing manufacturing conditions, product color, specifications and prices are subject to change without notice.

We reserve the right to correct typographical errors. Actual product color may be slightly different than product colors shown in catalogs or on monitor screens.

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

5. Your Order:

| SH | Item # | Quantity | Description | Color | Price | Total |
|----|--------|----------|-------------|-------|-------|-------|
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| Merchandise Total | Shipping & Handling Charges for the Continental U.S. |
|-------------------|--|
| under \$100 | \$9.95 |
| \$100 to \$199 | \$19.95 |
| \$200 to \$299 | 10% of Merchandise Total |
| \$300 to \$499 | 8.5% of Merchandise Total |
| over \$500 | 7.0% of Merchandise Total |

| | |
|--|--|
| Merchandise Total | <input style="width: 100px;" type="text"/> |
| Shipping & Handling <small>(See chart to the left)</small> | <input style="width: 100px;" type="text"/> |
| Sales Tax: (CA, FL, IL, NC, IN & SD Only. Attach tax-exempt certificate if applicable.) | <input style="width: 100px;" type="text"/> |
| TOTAL | <input style="width: 100px;" type="text"/> |

Questions? Call Toll Free: 866-323-5465
To Email the Order Form: Orders@schoolhealth.com
To Fax the Order Form: Fax Toll Free: 800-235-1305
To Mail the Order Form: 865 Muirfield Drive • Hanover Park, IL 60133



HEALTH SERVICES

SPECIAL EDUCATION

SPORTS MEDICINE

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