General Order Blank School Name: **Accelerated Christian Education** Order # _____ Customer # P.O. Box 299000 • 2600 ACE Lane Ship-To Code: Lewisville, TX 75029-9000 Ship-To Name: _____ **Method of Shipment** Address: ___ **UPS** Ground Motor Freight UPS 2nd Day Air First Class Priority State/Province:____ UPS Next Day Air Parcel Post Int'l Air Parcel Post UPS Int'l ______ Date: ______ ZIP/Postal Code: _____ Local Pickup Phone: ___ Air Freight Unit Cost | Total Cost Item# Qty. Description Item# Qty. Description Unit Cost | Total Cost Subtotal A Subtotal B Page 1 Total: _____ Please attach and email the completed form to <u>customerservice@aceministries.com</u> or Page 2 Total: _____ fax the completed form to Customer Service at 615 612-5304. Note: Payment must be received before order is processed. Please call Customer Service Shipping / Handling: ___ at 1 (800) 925-7777 for payment options. (For details, see shipping instructions.) Sales Tax (If Applicable): ____

Please complete all blanks. Type or print clearly.

Total Due: ___

Customer #						Ship-To Code:				
ltem#	Qty.	Description	Unit Cost	Total Cost	ltem#	Qty.	Description	Unit Cost	Total Cost	
Subtotal A					Subtotal	l B				

School Name:

Order # _____