

XVII. Additional Bundles Form

Please fill in the information below and FAX your order. The administrator or authorized person of the school agrees to pay the American Mathematics Competitions for the following materials:

School Name _____ CEEB # _____

Address _____

City _____ State _____ Zip _____

Teacher placing the order _____



Contest A Bundles of ten # _____ @ \$12/bundle = \$ _____
 A Solutions Sets of ten (optional) # _____ @ \$ 6/set = \$ _____



Contest A Bundles of ten # _____ @ \$14/bundle = \$ _____
 A Solutions Sets of ten (optional) # _____ @ \$ 6/set = \$ _____

Postage/handling Fee (see chart below) \$ _____

Total \$ _____

P.O. Number _____

VISA/MC/Amex # : _____ Address: _____

Name (Please Print): _____

Exp. Date: _____

AMC ORDERING - TERMS

1. VISA, MasterCard and American Express accepted.

FAX 402-472-6087 or 1-800-527-3690

2. Make checks payable to:

AMERICAN MATHEMATICS COMPETITIONS

3. PAYMENT IN U.S. FUNDS ONLY.

Please Send Your Order To:

| | | |
|------------|--------------------|-------------------------|
| 4. U.S.A.: | <u>Order TOTAL</u> | <u>Shipping Charge*</u> |
| | \$10.00 -- \$40.00 | \$7.00 |
| | \$40.01 -- \$50.00 | \$9.00 |
| | \$50.01 -- \$75.00 | \$12.00 |
| | \$75.01 -- UP | \$15.00 |

American Mathematics Competitions
 ATTN: AMC 10/12 Additional Bundles
 P.O. Box 81606
 Lincoln, NE 68501-1606

5. CANADIAN: Same as above. Order will be sent by DHL.

* Orders after February 1st add \$5.00 additional for 2-day UPS. Orders after February 5th add \$10.00 additional for 1-day UPS.

Proof of Intent to Pay

This document is intended to be used in lieu of pre-payment when calling or faxing in an order. Please indicate if you wish to be billed or will be sending a "check in the mail" (to be received within 2 weeks of order or you will be billed). Mail orders not wishing to be billed should include a check when returning this form. **The person who signs this form must be authorized to pay the order that is placed by the teacher.**

BILLED

Name of Person Authorized to Pay (please print): _____

Signature: _____

Title: _____

Date: _____