

P.O. Box 16190
 Rocky River, OH 44116
info@ClassroomWebSolutions.com

Fax Order To: 1-440-617-1403

Date: _____

Bill To (accounting):	Ship To (school):
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Principal Name:	Contact Name:
Principal Email:	Contact Email:

Start Date	Qty. of Accounts Needed (REQUIRED INFO)	Credit Card # & Exp. Date. or Purchase Order #

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT
	12-month Membership School Site License(s)	\$500.00	\$
How did you hear about www.ClassroomWebSolutions.com?			
		Sales Tax	N/A
		S & H	N/A
Make all checks payable to: ClassroomWebSolutions		TOTAL DUE	\$

Please email Site License Membership information to the email address below (required info):

I would like more information about receiving a 20-minute training for my staff. YES NO

For questions regarding your order:
 Sales Support: 1-800-890-READ (7323)
info@ClassroomWebSolutions.com
 Technical Support:
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We appreciate your business!