

StudentLink CANADA Faxback Order Form

1542 Rockaway Street, Oshawa, ON, L1K 0C9
FAX TO: 1-905-721-0445

DATE:	(D) _____ (M) _____ (Y) _____
--------------	-------------------------------

Please Print!

Last Name:

Your Title:

Your E-Mail (very important!):

Billing Address:

and Street:
City/Town:
Province:
Postal Code:

Purchase Order Number (if available):

First Name:

Your School or Board Name:

Your Business Phone:

Shipping Address: (if different from left)

and Street:
City/Town:
Province:
Postal Code:

Quantity	Media (please circle)	Item	Each
	WIN or	StudentLink School Site License. (Installed on any and/ or all workstations or server under a single school title)	395.00 cdn.
	WIN or MAC	StudentLink School Board/District License. (Installed on any and or all workstations or server under a single school board title) Number of schools or facilities: <input type="text"/>	calculated at 150.00 cdn.* per school/ facility. Minimum of 12 schools
		_____ X _____ SCHOOLS	Shipping and Handling 15.00

All payments from boards due in full within thirty days of shipping.

GST:

Late accounts will be billed 5% for each late month.

PST:

Payment Options:

TOTAL:

CHEQUE payable to **StudentLink Canada Ltd.**
1542 Rockaway Street, Oshawa, ON, L1K0C9

PURCHASE ORDER

PLEASE NOTE: A STUDENTLINK LICENSE GIVES YOU FREE ACCESS TO MONTHLY UPDATES FOR ONE YEAR.
AN ADDITIONAL YEAR = \$50.00 + PST/GST