



A-Prompt Corporation Student / Faculty Form

PO Box 20463
Lehigh Valley, PA 18002-0463

(800) 523-9511 Sales
(610) 770-0536 Fax
sales@aprompt.com
<http://www.aprompt.com/>

Qualified individuals who intend to purchase academically priced products for personal use must complete this form and provide all of the following information:

1. Photocopy of your valid student ID or faculty card
2. A second form of ID (Driver's License, Social Security Card ...)
3. Payment ~ Visa, MasterCard, Discover, American Express, Prepay, or C.O.D.

Academic qualifications vary for each manufacturer. Call A-Prompt for details on specific manufacturer qualifications. For your convenience, orders may be placed by phone, fax, email or online at <http://www.aprompt.com/>

Ship to:

 Phone _____
 Email Address _____
 School Name _____

Academic Eligibility:

Student
 Enrollment Date _____
 Projected Completion Date _____
 Faculty
 Date Employed _____
 Administrator
 Date Employed _____

This form will be kept on file for the current school year. For my initial purchase, please order the following:

Qty	Product Description	Operating System (Mac/Win)	Price
		Shipping and Handling	\$7.85
		Subtotal	
		PA, MD, WI customers, please add sales tax	
		Total	

PLEASE READ AND SIGN BELOW:

*I hereby acknowledge that I am a teacher or administrator, or currently enrolled as a degree-seeking student at a post-secondary school. I agree not to transfer the product(s) purchased in any manner for a period of one year from the date of purchase.
 After you have read and agreed to the terms stated above, please sign below.*

Signature: _____ Date: / /

Sales Rep: _____

Extension: _____



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Credit Card Authorization Form

NAME

Name on Card						
Credit Card Mailing Address						
City		State/ Province		Zip/Postal Code		Country

CONTACT INFORMATION

Phone		Fax	
E-Mail			

CREDIT CARD INFORMATION

Details must represent exactly what is indicated on the credit card.

Credit Card Type	MasterCard	Visa	Discover	American Express
Credit Card Number				Expiration
Card Holder's Name				CVV code
Card Holder's Signature				
Card Holder's E-Mail				

Please fax to 610-770-0536