



Jeannine Fund Raisers  
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 Pine Meadow, CT 06057  
 www.Jeannine.biz

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## Smencils & Smens Pricing and Order Form

Today's Date (mm/dd/yy): \_\_\_\_\_ Ship Date: (mm/dd/yy): \_\_\_\_\_

**Bill to:** \_\_\_\_\_ **Ship to:** Same as bill to:  (Check) (No PO Boxes)

Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Have you ordered from us before: Yes  or No  Is the ship to address residential: Yes  or No

★ You can mix and match cases to get the cost per case discounts. ★

**Original Smencils (buckets)**

<b>1 - 3 cases</b>	<b>4+ cases</b>
\$265 /case	\$255 /case

# of cases:  Subtotal:

**Original Smencils (Bag sets)**

<b>1 - 3 cases</b>	<b>4+ cases</b>
\$315 /case	\$305 /case

# of cases:  Subtotal:

**Colored Smencils (buckets)**

<b>1 - 3 cases</b>	<b>4+ cases</b>
\$265 /case	\$255 /case

# of cases:  Subtotal:

**Colored Smencils (bag sets)**

<b>1 - 3 cases</b>	<b>4+ cases</b>
\$315 /case	\$305 /case

# of cases:  Subtotal:

**Smencil Mini Kits**


<b>1 - 3 cases</b>	<b>4+ cases</b>
\$210 /case	\$200 /case

# of cases:  Subtotal:

**Smart Smencils (buckets)**


<b>1 - 3 cases</b>	<b>4+ cases</b>
\$265 /case	\$255 /case

# of cases:  Subtotal:

**Smens (display boxes)** 

<b>1 - 3 cases</b>	<b>4+ cases</b>
\$265 /case	\$255 /case

# of cases:  Subtotal:

**Smens (bag sets)** 

<b>1 - 3 cases</b>	<b>4+ cases</b>
\$265 /case	\$255 /case

# of cases:  Subtotal:

Commercial shipping is free within the 48 contiguous States. Order total:

Residential delivery add \$2.00/case

Check one option:

Mailing a check made out to Jeannine Fund Raisers with this order form

Faxing this order form with an official school purchase order and paying invoice within 30 days of shipping

Putting a credit card on file as security and will pay the invoice by check within 30 days of shipping

Charge my credit card for this order

Fill in below if choosing 3<sup>rd</sup> or 4<sup>th</sup> option and fax to us at 860-379-3105.

Visa  Mastercard  American Express  Discover

Card number: \_\_\_\_\_ Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exp. date: \_\_\_ / \_\_\_ / \_\_\_ 3 or 4 digit verification #: \_\_\_\_\_ Signature: \_\_\_\_\_