

XIII. Additional Forms used - (if the form you need is not here, please see our web site)

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 _____

AMC 10 Contest A Bundles of ten # _____ @ \$13/bundle = \$ _____
 A Solutions Sets of ten (optional) # _____ @ \$ 6/set = \$ _____

AMC 12 Contest A Bundles of ten # _____ @ \$15/bundle = \$ _____
 A Solutions Sets of ten (optional) # _____ @ \$ 6/set = \$ _____

AMC 10/12 Math Club Package - (Study Guide, Web Material) - @ \$15 per Study Guide \$ _____

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

Total \$ _____

P.O. Number _____

VISA/MC# : _____ Address: _____

Name (Please Print): _____

Exp. Date: _____

AMC ORDERING -- TERMS

1. VISA & MasterCard accepted.

2. Make checks payable to:

AMERICAN MATHEMATICS COMPETITIONS

3. PAYMENT IN U.S. FUNDS ONLY.

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

5. OUTSIDE U.S.A.: Add additional \$10 to U.S.A. shipping costs.

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

Please Send Your Order To:

American Mathematics Competitions

ATTN: AMC 10/12 Additional Bundles

P.O. Box 81606

Lincoln, NE 68501-1606

*Orders after January 18th add \$5.00 additional for 2-day Service. Orders after January 25th add \$10.00 additional for 1-day Service.

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: _____