



# **VENDOR NAME:**

**E-Complete LLC** 1482 Linda Way, Sparks NV 89431

www.CompleteK-12.com

## Order Form

#### Bill to: (PLEASE USE BLUE OR BLACK INK)

| Bill to: (PLEASE USE | E BLUE OR BLACK INK) |              | Ship to (If different | than bill to address) | :                |                                 |
|----------------------|----------------------|--------------|-----------------------|-----------------------|------------------|---------------------------------|
| Name:                |                      |              | Name:                 |                       |                  |                                 |
| Address:             |                      |              | Address:              |                       |                  |                                 |
| Address:             |                      |              | Address:              |                       |                  |                                 |
| City:                | State:               | Zip:         | City:                 | State:                | Zip:             |                                 |
| County:              | Principal's Name:    |              | # of Students         | Type of Instit        | ution (circle on | Public<br>e) <sup>Private</sup> |
| Contact:             | Ро                   | sition:      | F                     | hone:                 |                  |                                 |
| PO#:                 | Da                   | te of Order: | Date Needed:          | Fax:                  |                  |                                 |

#### **Email Address:**

#### MACHINES

### Don't forget to order enough storage racks for your dies. Qty ltem# Description Size Total

### PACKAGES AND SETS Qty ltem# Description Size Total

#### **Ellison Cutting Pads**

| Remember | Cutting | Pads need | to be | changed | every - | 4-6 m | ionths. |
|----------|---------|-----------|-------|---------|---------|-------|---------|

| 17888  | PR Standard Cutting Pad 9-7/8" x 18"             |  |
|--------|--|--|
| 17358  | CPR Premium Cutting Pad 9-7/8" x 15-7/8"         |  |
| 17886  | SS Standard Cutting Pad 5-3/8" x 15-7/8"         |  |
| 17357  | CSS Premium Cutting Pad 5-3/8" x 15-7/8"         |  |
| 15463  | XL Standard Cutting Pad 9-13/16" x 8-7/16"       |  |
| 15456  | Original Standard Pad 5-7/16" x 7-5/16"          |  |
| A10010 | PrestigePro/XL LetterMachine AllStar Adaptor Pad |  |
| 26970  | RollModel Adaptor Pad                            |  |
|        |  |  |

Would you like to receive emailed specials & discount 
Yes No

#### Dies, Die Sets and Other

If no size is indicated large will be sent.

| <u>Į</u> ty | ltem# | Description | Size | Total |
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Total Column 1

Total Column 2

| Total Column 3       Total Column 4         Total Column 1 \$       Total Column 4         Total Column 1 \$       Total Column 4         Total Column 1 \$       Don't forget to order enough storage racks for your dies.         Shipping and Handling*       If your order is under \$100, add \$10.00         Total Column 4 \$       If your order is over \$100, add \$10.00         Subtotal: \$       For orders over \$100, add 5%         Subtotal: \$       For shipping to Hawaii or Alaska, add 18%         Call for international shipments       Call for international shipments   | Misc. |                        |                           |           |                | ٦              | Misc.   |               |                            |             |      |
|---|-------|------------------------|---------------------------|-----------|----------------|----------------|---|---------------|----------------------------|-------------|------|
| ORDER TOTAL, SALES TAX, SHIPPING & HANDLING         Total Column 1 \$         Total Column 2 \$         Total Column 3 \$         Total Column 4 \$         Subtotal: \$         Discourts (If applicable) \$         Subtotal: \$         Contact Name:         Contact Phone:         Requires P.O. by Fax or Mail when placing order.         Check enclosed with order made payable to: E-Complete LLC         Parsonal check, please provide the following information. Items will ship once check has cleared.         Personal Drivers License #       State:         Charge my credit card (circle one)       MC Visa         Address as it appears on credit card billing statement.         Special Billing Instructions:  | Qty   | ltem#                  | Description               | Size      | Total          |                | Qty   | ltem#         | Description                | Size        | То   |
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| Total Column 1 \$       Don't forget to order enough storage racks for your dies.         Stal Column 2 \$       Shipping and Handling*         Total Column 4 \$       Shipping and Handling*         Total Column 4 \$       Shipping and Handling*         Subtotal: \$       For orders over \$100, add \$10.00         If your order is over \$100, add \$10.00       If your order is over \$100, add \$5%         Discounts (If applicable) \$       For shipping to Hawaii or Alaska, add 18%         Sales Tax (CA & NV): \$       Additional shipping to Hawaii or Alaska, add 18%         Subtotal: \$       Subtotal: \$         Shipping & Handling: \$       Additional shipping charges may apply to oversized i         *Shipping & Handling: \$       *Shipping and handling charges are subject to         Shipping & Handling: \$       Charge without notice.         PLEASE NOTE: Your credit card will reflect a charge fr         Bill School: Contact Name:       Contact Phone:         Requires P.0. by Fax or Mail when placing order.       Contact Phone:         Check enclosed with order made payable to: E-Complete LLC       Contact Phone:         Personal Drivers License #       State:       Exp Date:         Personal Drivers License #       State:       Exp Date:         Credit Card #       Code:       Expiration Date:         Print Cardholder Name:<  |       | R ΤΟΤΔΙ SA             |                           |           | G              |                |   |               | Total Colui                | 1111 4      |      |
| Total Column 2 \$       Shipping and Handling*         Total Column 3 \$       If your order is under \$100, add \$10.00         Total Column 4 \$       If your order is over \$100, add \$10.00         Subtotal: \$       For orders over \$100, add 5%         Discounts (If applicable) \$       For shipping to Hawaii or Alaska, add 18%         Subtotal: \$       Call for international shipments         Additional shipping charges may apply to oversized it       *Shipping and handling charges are subject to         Shipping & Handling: \$       PLEASE NOTE: Your credit card will reflect a charge fr         PAYMENT METHOD (US FUNDS ONLY)       PLEASE NOTE: Your credit card will reflect a charge fr         PAYMENT METHOD (US FUNDS ONLY)       Ship jing information. Items will ship once check has cleared.         Personal Check, please provide the following information. Items will ship once check has cleared.         Personal Drivers License #       State: Exp Date:         Charge my credit card (circle one)       MC       Visa         Credit Card #       Code:       Expiration Date:         Print Cardholder Name:       Cardholder's Phone:         Credit card billing address:       Address as it appears on credit card billing statement.         Special Billing Instructions:       Special Billing Instructions:  | UNDL  | RTOTAL, SP             |                           |           |                | -              | Don't fo  | praet to orde | r enough storage racks for | vour dies   |      |
| Total Column 3 \$       If your order is under \$100, add \$10.00         Total Column 4 \$       If your order is under \$100, add \$10.00         Subtotal: \$       For orders over \$1000, add 5%         Discounts (If applicable) \$       For orders over \$1000, add 5%         Subtotal: \$       Call for international shipping to Hawaii or Alaska, add 18%         Sales Tax (CA & NV): \$       Additional shipping to Hawaii or Alaska, add 18%         Sales Tax (CA & NV): \$       Additional shipping charges may apply to oversized it         Subtotal: \$       Call for international shipping charges are subject to         Shipping & Handling: \$       Charge without notice.         PLEASE NOTE: Your credit card will reflect a charge fr         Bill School: Contact Name:       Contact Phone:         Requires P.O. by Fax or Mail when placing order.       Contact Phone:         Check enclosed with order made payable to: E-Complete LLC       Contact Phone:         For a personal check, please provide the following information. Items will ship once check has cleared.         Personal Drivers License #       State:         Exp Date:       Birth Date:         Credit Card #       Code:         Credit Card #       Code:         Address as it appears on credit card billing statement.         Special Billing Instructions:   |       |                        |                           |           |                |                |   |               |                            | , 54, 4,66. |      |
| Total Column 4 \$       If your order is over \$100, add 10%         Subtotal: \$       For orders over \$1000, add 5%         Discounts (If applicable) \$       For shipping to Hawaii or Alaska, add 18%         Subtotal: \$       Call for international shipments         Sales Tax (CA & NV): \$       Additional shipping charges may apply to oversized it         Subtotal: \$       Subtotal: \$         Subtotal: \$       Additional shipping charges may apply to oversized it         Shipping & Handling: \$       Call for international shipping charges are subject to         Shipping & Handling: \$       Charge without notice.         PLEASE NOTE: Your credit card will reflect a charge for         PAYMENT METHOD (US FUNDS ONLY)       E-Complete LLC         PAYMENT METHOD (US FUNDS ONLY)       Check enclosed with order made payable to: E-Complete LLC         Contact Phone:       Requires P.O. by Fax or Mail when placing order.         Check enclosed with order made payable to: E-Complete LLC       Contact Phone:         For a personal check, please provide the following information. Items will ship once check has cleared.         Personal Drivers License #       State:       Exp Date:         Credit Card #       Code:       Expiration Date:         Print Cardholder Name:       Cardholder's Phone:         Credit card billing address:       Address as it appears on credit   |       |                        |                           | -         |                | _              |   | -             | -                          | 0.00        |      |
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| <ul> <li>Check enclosed with order made payable to: E-Complete LLC <u>Contact Phone</u>:<br/>For a personal check, please provide the following information. Items will ship once check has cleared.         Personal Drivers License # State: Exp Date: Birth Date:         Charge my credit card (circle one) MC Visa AMEX Discover <u>Contact Phone</u>:         Credit Card # <u>Code</u>: Expiration Date:         Credit Card billing address:         Credit card billing address:         Address as it appears on credit card billing statement.         Special Billing Instructions:     </li> </ul>   |       |                        |                           | order.    |                |                | contac  | ct none.      |                            |             |      |
| For a personal check, please provide the following information. Items will ship once check has cleared.         Personal Drivers License #       State:       Exp Date:       Birth Date:         Charge my credit card (circle one)       MC       Visa       AMEX       Discover       Contact Phone:         Credit Card #       Code:       Expiration Date:         Print Cardholder Name:       Cardholder's Phone:         Credit card billing address:       Address as it appears on credit card billing statement.         Special Billing Instructions:       Special Billing Instructions:  |       | •                      | ,                         |           | to: E-Com      | olete LLC      |   | Contact Ph    | none:                      |             |      |
| Charge my credit card (circle one)       MC       Visa       AMEX       Discover       Contact Phone:         Credit Card #       Code:       Expiration Date:         Print Cardholder Name:       Cardholder's Phone:         Credit card billing address:       Cardholder's Phone:         Address as it appears on credit card billing statement.       Special Billing Instructions:  |       |                        | •                         | •         |                |                |   |               |                            |             |      |
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| Print Cardholder Name:<br>Credit card billing address:<br>Address as it appears on credit card billing statement.<br>Special Billing Instructions:  |       | Charge my              | credit card (circle one)  | МС        | Visa           | AMEX           | Dis   | cover         | Contact Phone:             |             |      |
| Print Cardholder Name:       Cardholder's Phone:         Credit card billing address:       Address as it appears on credit card billing statement.         Special Billing Instructions:       Special Billing Instructions:   |       | Credit Carc            | <b>!</b> #                |           |                | (              | Code:   |               | Expiration Date:           |             |      |
| Address as it appears on credit card billing statement.<br>Special Billing Instructions:  |       | Print Cardholder Name: |                           |           |                |                |   | •             |                            |             |      |
| Address as it appears on credit card billing statement.<br>Special Billing Instructions:  |       | Credit card            | billing address:          |           |                |                |   |               |                            |             |      |
|   |       |                        |                           | it appear | s on credit ca | ard billing si | tatemer   | nt.           |                            |             |      |
| Authorized Signature:   |       | Special Bill           | ing Instructions:         |           |                |                |   |               |                            |             |      |
|   |       | Authorized             | Signature:                |           |                |                |   |               |                            |             |      |

PLACE YOUR ORDER



PHONE: Office Hours 8am-5pm (PST) M-F Toll Free 877-4 DIE CUTS (877-434-3288)



FAX: Available 24 hrs 775-358-0736 or 844-358-0736 (Attention: Ellison Dept.)



MAIL: Complete form and mail to: 1482 Linda Way Sparks, NV 89431



INTERNET: Order online at: <u>www.CompleteK-12.com</u> EMAIL:

Complete form and email to: Ellison@CompleteK-12.com

