



INDIGENOUS LANGUAGE INSTITUTE

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PURCHASE ORDER FORM

Date of Order :	Order taken by:
Client Name:	
Address:	
Phone:	
Fax:	
Email:	

ITEMS ORDERED

Item	Quantity	Price	Shipping	Total
TOTAL:				

SHIPPING INFORMATION

Ship to:	
Shipping Address:	
Phone:	
Date of Shipment:	Shipped by:
<i>ILI Office: Please attach shipping receipts for tracking purposes</i>	

PAYMENT INFORMATION

Cash Check Money Order Visa / MasterCard American Express

For check or money order, **please make payable to: ILI**

Credit Card No.: _____ Exp.: _____

Name on Card: _____ Code on back of cc _____

Authorized Client Signature: _____

Credit Card Billing Address (*must have to process*): _____

ALL SALES ARE FINAL. PAYMENT MUST BE RECEIVED PRIOR TO SHIPMENT OF MERCHANDISE. Note additional shipping may apply to international orders.