# Wholesale Order Form/Invoice

Please fill out the order form completely, sign and return to:
Tate Geological Museum at Casper College - ATTN: Gift Shop
125 College Drive, Casper WY 82601
**Telephone:** 307-268-2447 or 1-800-442-2963, ext. 2447
**Fax:** 307-268-3308

Date of Order: ____________________________

Business/Institution: ____________________________________________________________

Tax ID number: _________________________________________________________________

Contact name: _________________________________________________________________

Mailing address: __________________________________________________________________

City: _____________________________________________ State: _______ Zip Code: __________

Phone: ___________________________ E-mail address: ________________________________

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Case Options</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 books (1 case)</td>
<td>$12.60 ($378.00/case)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 books (half case)</td>
<td>$14.70 ($220.50/half)</td>
<td></td>
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<tr>
<td>Less than 15 books</td>
<td>$16.80 ea.</td>
<td></td>
<td></td>
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<tr>
<td>Shipping &amp; Handling</td>
<td>See chart</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Method of Payment:

**No Gift Cards & No Tate Member Discounts Available on Wholesale Orders**

Check ☐  Made payable to Tate Geological Museum

Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Billing Address: _________________________________________________________________

City: _____________________________________________ State: _______ Zip Code: _______

Card #: ________________________________________________

Expiration date: ____________ Security Code: ____________

Name as it appears on the card: _________________________________________________

Signature: ________________________________

FOR OFFICE USE

Billed: ___________________________

Date: ___________________________ Initial: ___________________________

Shipped: ___________________________

Date: ___________________________ Initial: ___________________________

Paid: ___________________________

Date: ___________________________ Initial: ___________________________