



PATHWAYS to reading

1.	Please check one:	PO		Credit Card	6.	Billing Contact Information	
					Name:		
2.	Date:				Phone:		
3.	PO #:				Email:		
4.	Billing Address:				7.	Shipping Address:	
	School/District/Individual:					Check if the same as billing	
	ATTN TO:				ATTN TO:		
	Street Address:				Street Address:		
	City:				City:		
	State:				State:		
	Zip Code:				Zip Code:		
5.	Tax Exempt				Email order form to		
	Check if number is on file with PTR				jenn@pathwaystoreading.com or		
	Check if attaching form to order				accounting@pathwaystoreading.com		

[illegible]