

*Collective Eye, Inc. Distribution*

2305 SE Yamhill St., Portland, OR 97214 ~ 503.232.5345 ~ Fax 503.296.5515

**Educational Distribution Order Form**

Order Date \_\_\_\_\_ Name \_\_\_\_\_

Organization & Dept. \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Payment Method: [ ] Check [ ] VISA [ ] MC [ ] AMEX [ ] PO \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address if different from shipping:

Organization & Dept. \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Quantity	Film Title	Amount
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_____	_____	_____
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Quantity	Film Title	Amount
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_____	_____	_____
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Estimated Total & Special Instructions: