ORDER FORM

Date: ____________________________
Phone # (required) : ____________________

SHIP TO:

NAME:______________________________________________
ADDRESS______________________________________________
CITY_____________________________STATE______ZIP________

<table>
<thead>
<tr>
<th>QU</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Art Exercises/Cursive Handwriting Skills</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Using Drawing Practices for Right-Handed Students</td>
<td>12.50</td>
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</tr>
</tbody>
</table>

Subtotal

Tax

Shipping (included)

Total

☐ VISA  ☐ MasterCard  ☐ Check Enclosed Payable to The Bridge Academy

Name on Card______________________________________________
Charge Card # ________ - ________ - ________ - ________
3 digit security code ________ (found on back of card) Expires ________
Signature (required)________________________________________

Credit Card Billing Address (if different from shipping)
Name:____________________________________________________
Address:_________________________________________________________________
City_____________________________State______Zip________