

STUDENT/SCHOOL APPLICATION & ORDER FORM

Please make sure you complete the following information and submit to your Mac Tools Distributor. If you do not have a Mac Tools Distributor and are paying with credit card, fax completed order to 866.622.0580. If paying with a check/money order, mail to: Mac Tools, Attn: STP, 505 N. Cleveland Ave - Suite 200, Westerville, OH 43082.
Any questions, please e-mail to macstudenttech@sbdinc.com or call 800.MACTOOLS opt. 6



50% OFF RETAIL PRICING ON MOST MAC TOOLS BRANDED PRODUCT
25% OFF DEWALT BRANDED PRODUCT
25% OFF PRODUCT WITH CLASS B, D, AND E
25% MAC WD ITEMS

Student Name: _____

Student Signature: _____ Date: _____

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

E-mail Address: _____

School Name: _____

Instructor's Name: _____

Instructor's Signature: _____

Distributor's Name: _____ Distributor #: _____ District #: _____

Canada use only: Post Secondary Apprentice

SHIPPING INFORMATION

Name of Student or School: _____

Shipping Street Address: _____

City: _____ State: _____ Zip Code: _____

FREIGHT INFORMATION (FOR TOOL BOXES): CHECK HERE IF SAME AS SHIPPING INFORMATION ABOVE

Name of Student or School: _____

Shipping Street Address: _____

City: _____ State: _____ Zip Code: _____

MAC TOOLS PART #	DESCRIPTION	LIST PRICE	STUDENT PRICE

Prices subject to change at any time. Mac Tools reserves the right to substitute like products with discontinued or out of stock products. Certain class codes do not apply. All discrepancies in orders must be reported within 30 days of shipping.

TAX
TOTAL

CREDIT CARD INFORMATION or CHECK NUMBER: _____

When paying by credit card you will be charged for items when they ship. If any item is on backorder or ships from different warehouses, you will be charged for them as they ship. This may result in multiple charges to your card.

Credit Card #: _____ Expiration Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Card Holder's Street Address: _____

City: _____ State: _____ Zip Code: _____

Card Holder's Phone Number: _____

Mac Credit* Visa Master Card Discover American Express

* US Only