eCOMPLETE

Ellison XYRON XYRON PRO Sizzix

VENDOR NAME:

E-Complete LLC

1482 Linda Way, Sparks NV 89431

www.CompleteK-12.com

Order Form

Bill to: ***(PLEASE USE BLUE OR BLACK INK)***

Name:	
Address:	
Address:	
City: State: Zip:	

Ship to (If different than bill to address):

Name:	
Address:	
Address:	
City: State: Zip:	

County: Principal's Name: # of Students Type of Institution (circle one) Public Private

Contact: Position: Phone:

PO#: Date of Order: Date Needed: Fax:

Email Address: Would you like to receive emailed specials & discounts ☐ Yes ☐ No

MACHINES

Don't forget to order enough storage racks for your dies.

Qty	Item#	Description	Size	Total

PACKAGES AND SETS

Qty	Item#	Description	Size	Total

Ellison Cutting Pads

Remember Cutting Pads need to be changed every 4-6 months.

	17888	PR Standard Cutting Pad 9-7/8" x 18"	
	17358	CPR Premium Cutting Pad 9-7/8" x 15-7/8"	
	17886	SS Standard Cutting Pad 5-3/8" x 15-7/8"	
	17357	CSS Premium Cutting Pad 5-3/8" x 15-7/8"	
	15463	XL Standard Cutting Pad 9-13/16" x 8-7/16"	
	15456	Original Standard Pad 5-7/16" x 7-5/16"	
	17356	XL LetterMachine SuperShuttle System	
	26970	RollModel Adaptor Pad	

Total Column 1 _____

Dies, Die Sets and Other

If no size is indicated large will be sent.

Qty	Item#	Description	Size	Total

Total Column 2 _____

Misc.				
Qty	Item#	Description	Size	Total

Total Column 3

Misc.				
Qty	Item#	Description	Size	Total

Total Column 4

ORDER TOTAL, SALES TAX, SHIPPING & HANDLING

Total Column 1 $
Total Column 2 $
Total Column 3 $
Total Column 4 $
Subtotal: $
Discounts (If applicable) $
Subtotal: $
Sales Tax (CA & NV): $
Subtotal: $
Shipping & Handling: $
Total: $

Don't forget to order enough storage racks for your dies.

Shipping and Handling*

If your order is under $100, add $10.00
If your order is over $100, add 10%
For orders over $1000, add 5%
For shipping to Hawaii or Alaska, add 18%
Call for international shipments

Additional shipping charges may apply to oversized items.
*Shipping and handling charges are subject to change without notice.

PLEASE NOTE: *Your credit card will reflect a charge from: E-Complete LLC*

PAYMENT METHOD (US FUNDS ONLY)

☐ **Bill School:** Contact Name: Contact Phone:
Requires P.O. by Fax or Mail when placing order.

☐ **Check** enclosed with order Made payable to: E-Complete LLC Contact Phone:
For a personal check, please provide the following information. Items will ship once check has cleared.
Personal Drivers License # State: Exp Date: Birth Date:

☐ Charge my credit card (circle one) MC Visa AMEX Discover Contact Phone:
Credit Card # Code: Expiration Date:
Print Cardholder Name: Cardholder's Phone:
Credit card billing address:
Address as it appears on credit card billing statement.
Special Billing Instructions:
Authorized Signature:

PLACE YOUR ORDER

PHONE:
Office Hours 8am-5pm (PST) M-F
Toll Free 888-959-9766
or 877-434-3288

MAIL:
Complete form and mail to:
1482 Linda Way
Sparks, NV 89431

FAX:
Available 24 hrs
775-358-0736 or
888-959-9766
(Attention: Ellison Dept.)

INTERNET:
Order online at: **www.CompleteK-12.com**

EMAIL:
Complete form and email to:
Ellison@CompleteK-12.com ☺