



Maintenance Builder Order Form

National Training Network, Inc.

PO Box 36

Summerfield, NC 27358

NTN Representative: _____

Phone: 855.NTN.Math

Fax: 336.643.9575

District: _____

District Contact Name: _____

District Contact Phone Number: _____

District Contact (s) Email Address to send information to: _____

Billing Address: _____

School Name	Grade Levels	Principal Name	Principal Email Address	Enter Number of Additional Admin Access	Enter Number of Teachers	Enter Number of Students	Price Per Student	Total
							\$10.00	
<p>The maximum charge for an individual school is \$4,000.00. Therefore if your school has more than 400 students, the total cost to enter on that line would be \$4,000.00.</p>							Subtotal	
							Sales Tax	
							Balance Due	

Methods of Payment: For each method please include the entire form.

Fax the Following to 336.643.9575:

1. *Purchase Order Number:* _____

2. *Credit Card: Name on Card:* _____ *Billing Address:* _____

Credit Card Number: _____ *Expiration Date:* _____ *Security Code:* _____

Mail the following to PO Box 36 Summerfield, NC 27358:

1. *School Check- Date sent:* _____