

STAR TRIBUNE SCHOOL ACCOUNTS ORDER FORM 2015-16

For ordering less than 3 copies per day

DIRECTIONS: To ensure that your order is processed in a timely and accurate manner, please:
Send a completed SCHOOL ORDER FORM with your purchase order or requisition

- Use black or blue ink.
- Print clearly in CAPITAL AND BLOCK LETTERS.
- Complete all sections of the order form.
- **Send only one copy**
- Fax completed order to 612-673-4214

CUSTOMER INFORMATION

Ordered By: _____

Email: _____

School Name: _____

School Delivery Address: _____

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

Account Number: _____

Current Delivery Schedule: _____

BILLING INFORMATION

Billing Location: _____

Attention: _____

Billing Address: _____

City/State/Zip: _____

PAYMENT METHOD

Purchase Order #: _____

Check or Money Order

Credit Card (check one) Mastercard VISA American Express

Name on Card: _____

Account Number: _____

Signature of Cardholder: _____

Expiration Date: _____

DELIVERY LOCATION

To ensure accurate delivery, please check the following that best describes your delivery location.

Main entrance (Door #____)

Loading Dock

Outside Door # _____

Under the Overhang

Please indicate side of building:

North

South

East

West

OFFICE USE ONLY

Entered by: _____

Date: _____

DELIVERY SCHEDULE AND TERM**NOTE: Please use this order form ONLY if your school is ordering less than 3 newspapers**

The following are the delivery options available in your distribution area.

DELIVERY SCHEDULE _____ **DELIVERY TERM (Weeks) and COST***Please circle***METRO CARRIER DELIVERY**

Monday – Friday	38 Wks \$95.00	52 Wks \$130.00
Sat – Sunday	38 Wks \$96.90	52 Wks \$132.60

GREATER-MN CARRIER DELIVERY

Monday – Sunday	38 Wks \$125.40	52 Wks \$171.60
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MAIL DELIVERY

Monday – Friday (Mail)	38 Wks \$104.50	52 Wks \$143.00
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GREATER-MN MAIL DELIVERY

Monday – Friday	38 Wks \$142.50	52 Wks \$195.00
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QUANTITY

Number of papers delivered daily: _____

DELIVERY DATES

Start Date: _____

Date of Last Delivery: _____

Please use the enclosed calendar for identifying start, stop, and non-delivery dates.

School Name _____

School Accounts Calendar 2015-16

NOTE: Use this order form if your school orders less than 3 papers per day

***Circle the first and last day of delivery on the calendar**

Place an 'X' on the dates you do NOT need delivery

July						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

March						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		