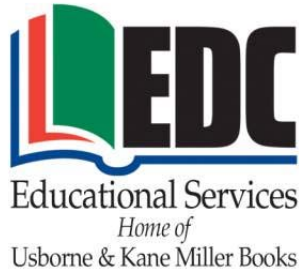


Consultant ID: _____



Purchase Agreement

THIS AGREEMENT IS USED IN LIEU OF A PURCHASE ORDER

School or Library Name

"Bill to" Name

"Ship to" Name

"Bill to" Address

"Ship to" Address

City State Zip

City State Zip

Net 30
Payment Terms

Contact Person

Y or N
Are Back Orders Allowed?

Total Amount Due

Please review the attached order. If you are in agreement with the items ordered, quantities, prices, shipping and billing information, and payment terms, please sign and date below. Order and form may be given to your sales representative or faxed directly to 918-663-2525.

Authorized Purchasing Agent

Date