Order Form 2019

1 Ship to: (Note: We cannot ship to P.O. Boxes)

Name _____

Title _____

Organization _____

Street _____

City _____ State _____ Zip _____

Phone ( ) _____

Email _____

(Please use your Q account email above if ordering Q products.)

2 Bill to: (if different)

Name _____

Street _____

City _____ State _____ Zip _____

Phone ( ) _____

Email _____

Have you ordered from Pearson before?

☐ **Yes** ☐ No (If first order, please complete Qualification online at PearsonClinical.com/Qualification)

Ordering Q products? Please identify for what type of account:

☐ **New User** ☐ Q-global® ☐ Q-interactive® ☐ Q-Local™

Q-global account # _____

Q-interactive account # _____

3 Product Description or attach Purchase Order (PO)

	Product Number	Quantity	Unit Price	Total Price

4 Payment (**Note:** We cannot accept cash)

☐ Purchase Order* # _____

*If you are submitting a purchase order, please attach it to this completed order form.

Pearson only accepts credit card payments through its e-commerce portal, call center and remote call centers at selected Events. Credit Card information is not accepted via paper order to protect your personal information.

Prices effective from January 1, 2019 to December 31, 2019 and subject to change without notice. Terms are balance net 30 days, Risk of loss is FOB destination with shipping charges added to invoice per chart (at right). If prices on your order are incorrect, we reserve the right to exceed the amount up to 10% unless otherwise stated on your order. Please see Terms & Conditions at PearsonClinical.com.

MAIL: Pearson
Clinical Assessment
Ordering Department
P.O. Box 599700
San Antonio, TX 78259

PHONE: 800.627.7271
FAX: 800.232.1223

For faster processing, complete the webform at **pearsonclinical.com/orders** and attach this form along with any purchase orders/quotes.

Select 'order/status' as your submission category. If your order is for multiple products, please type in the name of one product. Then enter information on your additional product(s) in the paragraph field.

5 Shipping

Standard Shipping
(shipped within 48 hours)

ORDER SIZE	CHARGE
< $500	6% (Minimum $10)
$500 to $2499	5%
$2500+	4%

Tax Exempt?
Pearson must havea copy of certificate on file.

Subtotal	$	
Add state and local tax (OFFICE USE ONLY)	$	
☐ Standard Order Shipping	$	
☐ Additional Shipping Charges*	$	
(OFFICE USE ONLY) TOTAL	$	

***3-5 DAY:** Add 4% to standard shipping price.
shipping price. **INTERNATIONAL:** Add 10% to standard shipping price. **ALASKA, HAWAII, PUERTO RICO, AND VIRGIN ISLANDS:** Add 5% charge to standard shipping price.

6 Authorization

I authorize Pearson to ship this order and agree to the terms set forth on the Pearson website, including the terms of the User Acceptance Form, the Terms & Conditions and the Returns Policy at PearsonClinical.com.

Authorized Signature _____

Title _____ Date _____

Canadian customers, please contact our Pearson Canada office to place your order at 866.335.8418.

Office Use _____

_____

_____

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