



AMERICAN PUBLISHERS

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SUMMARY REPORT

TODAY'S DATE: _____

School Acct # _____ Web# _____

- INITIAL ORDER
- SUPPLEMENTAL ORDER (2nd, 3rd, etc.)
- PAYMENT ENCLOSED

Organization/School to fill in totals

_____	_____	\$ _____	\$ _____	\$ _____
TOTAL NUMBER OF COMPLETE SUBNET BOOKS	TOTAL NUMBER OF ORDERS	GROSS DOLLARS	ORGANIZATION/SCHOOL RETAINS _____%	AMOUNT DUE AP _____%

SCHOOL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE: (_____) _____ FAX: (_____) _____

SPONSOR'S NAME: _____ TITLE: _____

SPONSOR'S EMAIL: _____

SPECIAL INSTRUCTIONS/COMMENTS: _____

AP SALES REPRESENTATIVE:

DATE ORDERS
MAILED TO AP: _____

Signature _____

Name Printed _____

Company Name _____

Send White Copy to:
American Publishers
One North Superior Street
Sandusky, OH 44870

Yellow Copy: Organization/School
Pink Copy: Sales Rep

FOR CORPORATE OFFICE USE ONLY

DATE RECEIVED	WEEK	COUNT	CHECK NUMBER
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