

### School/Organization Codes

Today's Date: \_\_\_\_\_

School Code: \_\_\_\_\_

Web Code: \_\_\_\_\_

# SUMMARY REPORT

Initial Order

Payment Enclosed

Supplemental Order (2<sup>nd</sup>, 3<sup>rd</sup>, etc.)

### School/Organization To Fill In Totals

_____	\$ _____	\$ _____	\$ _____
<b>Total Number Of Orders</b>	<b>Gross Dollars</b>	<b>School/Organization Retains _____%</b>	<b>Amount Due AP _____%</b>

### SubNet

\_\_\_\_\_

**Total Number Of SubNet Books**

### School/Sponsor Information

**School Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Sponsor's Email:** \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Special Instructions/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AP Distributor

**Distributor Name (Printed)** \_\_\_\_\_ **Distributor #** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Date Orders Mailed To AP:** \_\_\_\_\_

Send this form with Orders to: American Publishers  
One North Superior St.  
Sandusky, OH 44870

Be sure to keep a copy for school/organization and for your records.

### For Corporate Office Use Only

Date Received	Week	Box #	Count	Check #	Amount	Type		