2025/26 Order Form



BILL TO:	PAYMENT INFORMATION PO#	
Name		
School District	(Copy of PO must be attached)	
School Name	IF USING A CREDIT CARD, call 610-253-5255.	
Address	IF PAYING BY CHECK, make checks payable to Suntex International Inc.	
City		
State ZIP	 Order Date	
Phone		
SHIP TO: (if different than BILL TO)	Principal Name	
Name	Email [REQUIRED]	
School District		
	ORDERING GUIDELINES	
School Name	• Each TEAM = 1 CLASSROOM	
Address	Titilough a 12 iii oun accommodate up to co ctadento,	
City	the site will permit your school to activate only the number of student subscriptions purchased.	
State ZIP	 Only Teams with 10 or more active players appear in RANKINGS categories. 	
Phone	Number of Teams (Classrooms) does not affect pricing.	

FIRST IN N	ΛA	TH® ONLINE —	STUDENT SUBSCRIPTION		
Description			Cost per student*	Quantity	
•		e-school-year subscri in 8/1 and end 7/31 o	iption to the First In Math® Online Program. of school year.	\$10.00*	
VOLUME DISC 30 - 249 IDs 250 - 499 IDs	=	NTS \$10.00 ea. \$9.75 ea.	[Minimum Order: \$300]	Order Total\$	



50,000 and up IDs

25,000 - 49,999 IDs = \$8.25 ea.

Policies: NO returns. NO Refunds. Unused User ID's/Passwords will not be refunded or credited toward subscription purchases for subsequent school year. Prices subject to change without notice. We reserve the right to alter product to benefit purchaser. Terms: Net 30 days: Subject to credit approval (3 trade references & 1 bank). Reorders will not be processed until previous order is paid. 1.5% per month on past due accounts. Shortages: Office must be contacted within 7 days of receipt of order.