



ORDER FORM

Page 2

Contact us for assistance:
800-689-1408 ext. 3 or
email@WriteStepsWriting.com

BILLING AND SCHOOL INFORMATION

Please complete thoroughly

How did you learn about WriteSteps?

- Internet Search/WriteSteps Website
- WriteSteps email
- Unknown
- Other (please elaborate) _____
- _____ Conference
- WriteSteps Awareness Ambassador/Sales Representative
- Referral (enter name below) _____

To help us make effective funding suggestions, please indicate the funding source for this order:

- General Funds
- Title I
- Title IV
- ELL

Grant Name: _____ Other: _____

Billing Information (Required for Purchase Orders and Credit Card Payments)

Institution or Name on the Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Fax: _____

Visa or MasterCard: _____ Exp.: _____ CVV2 Code: _____

Signature: _____

School Address and Contact Information- The Implementation Contact will receive email confirmation and access codes within 48 hours (M-F) of receiving the order and periodic check-in calls for support. Consider additional time if mailing the form.

School Name: _____

Street Address (materials cannot be shipped to PO Boxes): _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ Extension: _____ Fax: _____

Implementation Contact: overseeing the implementation of WriteSteps and the distribution of subscription codes: _____ Title: _____

Phone number: _____ Email: _____

Name of Principal or School Leader: _____ Title: _____

Phone number: _____ Email: _____

Payment Method: A signed purchase order is attached/included A check is included

Credit Card: Call me for information or see above Phone: _____

Mail to:

WriteSteps LLC
2885 Sanford Ave. SW #22514
Grandville, MI 49418

Fax to:

866-764-6951

Email to:

email@WriteStepsWriting.com
(It is a good security practice **not** to send credit card information via email.)

CaptivationStation Manager

The Implementation Contact (designated on page 2) will receive email confirmation and access codes within 48 hours (M-F) of receiving the order for teachers to register in the eWriteSteps Teacher Platform and will also receive periodic check-in calls for support. For the CaptivationStation Student Platform purchases, the Implementation Contact: will receive additional instructions about teacher and student account set-up and management, will need to respond to notifications from teachers, and will be able to track school-wide engagement data. If someone other than the Implementation Contact will manage the CaptivationStation account, please provide contact information for the designated **CaptivationStation Manager** here:

Name: _____ Title: _____

Phone Number: _____ Email: _____

TEACHER SUBSCRIPTION ACCESS

Please provide a list of teachers that will receive the CaptivationStation Student Platform subscriptions to enable timely access.

Classroom #	Teacher name	Email address	Grade Level
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			