



**WHOLESALE PRICE LIST**

**SELF-EMPLOYMENT DEVELOPMENT SYSTEM (SEDS)**  
Support Materials for VR Counselors & Customers

Order Date: \_\_\_\_\_  
Purchase Order # \_\_\_\_\_  
Vendor ID \_\_\_\_\_

**Ship To:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Attn: \_\_\_\_\_

**Bill To:**

Check if same as shipping address

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Attn: \_\_\_\_\_

**Pricing Per Order Volume**

Item #	Description	1 - 9		10 - 24*		25 - 49*		50+*		Totals
		Qty.	Price	Qty.	Price	Qty.	Price	Qty.	Price	
<b>VR COUNSELOR GUIDES:</b>										
5-10GDE	SEDS Counselor Training Guide		\$31.95		\$28.75		\$27.15		\$25.25	
T1/2 Track	Tier 1/2 Progress Tracking Guide		\$ 8.45		\$ 7.75		\$ 7.35		\$ 7.05	
<b>VR CUSTOMER WORKBOOKS:</b>										
5S Wkbk	Tier 1, 5 Steps to Self-Employment		\$19.95		\$17.95		\$16.95		\$15.95	
T1 BPlan	Tier 1, Sample Business Proposal		\$12.95		\$11.65		\$11.00		\$10.35	
10S Wkbk	Tier 2, 10 Steps to Venture Success		\$25.95		\$23.95		\$22.05		\$20.75	
T2 BPlan	Tier 2, Sample Business Plan		\$15.95		\$14.35		\$13.55		\$12.75	

**Shipping & Handling Pricing Chart (In Continental U.S.):**

Order Totals	Express Delivery
\$ .01 - \$ 30.00     \$ 3.95	Next Day Service     \$39.95
\$ 30.01 - \$ 75.00     \$ 7.95	2/3 Day Service     \$32.95
\$ 75.01 - \$125.00     \$15.95	*5 lbs. or less, call for higher weights
\$125.01 - \$200.00     \$24.95	International: Call for pricing
Over \$200.00     Call for pricing	

Order Sub-Total	
Shipping & Handling (See chart left)	
<b>ORDER TOTAL</b>	

\* Volume pricing includes option to customize workbook covers to include Agency logo and contact information for a one-time fee of \$25.00.

**Order Options:**

- By Mail:  
Osgood & Associates, Inc.  
11 Court St., Suite 170  
Exeter, NH 03833
- By Purchase Order (attach PO)
- By Phone (603) 658-0340

**Payment Options:**

- Check/Money Order (Pay to: *Osgood & Associates, Inc.*)  
 Mastercard  Visa  PayPal    Note: Charge minimum US\$ 45.00

Name on Card \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Billing Address \_\_\_\_\_  
City/State/Zipcode \_\_\_\_\_  
Billing Phone No. \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

**Thank you**