B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT _____ **DISTRICT OF** Delaware

PROOF OF CLAIM

Name of Debtor: School Specialty Inc. et al

Case Number: 13-10125

RECEIVED
FEB 11 2013
KURTZMAN CARSON CONSULTANTS

NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Agility MFG Inc.

COURT USE ONLY

Name and address where notices should be sent:
279 Locust St. Dover NH 03820

Telephone number: 603-742-8977 email: tferrin@agilitymfg.com

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____
(*If known*)

Filed on: _____

Name and address where payment should be sent (if different from above):
SAME AS ABOVE

Telephone number: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $66,706.07

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: GOODS SOLD
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: M001

3a. Debtor may have scheduled account as: CPO Science
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____ % ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

Amount entitled to priority:
$_____

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

**Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of mal

13101251302110000000000037

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED
FEB 11 2013
KURTZMAN CARSON CONSULTANTS

8. Signature: (See instruction #8)

Check the appropriate box.

☑ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Thomas Ferrin
Title: Treasurer
Company: Agility MFG Inc
Address and telephone number (if different from notice address above):
SAME AS ABOVE

(Signature) 2.6.13 (Date)

Telephone number: 603-742-8977 email: tferrin@agilitymfg.com

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

** PURCHASE ORDER ** PAGE: 1

CPO Science
80 Northwest Blvd
Nashua, NH 03063

P.O. NUMBER: CP75951
ORDER DATE: 04/27/12

(603) 589-7180

VENDOR NO: 0030230

VENDOR:
Agility Mfg, Inc.
279 Locust Street
Dover NH 03820

CONFIRM TO:

Phone:
603-742-8977

SHIP TO:
CPO Science
c/o Delta Education
80 Northwest Blvd.
Nashua NH 03063

Fax Number:
603-742-7339

REQUIRED DATE	SHIP VIA	F.O.B	TERMS
06/30/12			NET 30 DAYS

ITEM NO.	UNIT	ORDERED	RECEIVED	BACK ORD	UNIT COST	AMOUNT
692-1021	EACH	500.00	0.00	0.00	127.2600	63,630.00
DC2.1 PCB Populated/Certified	WHSE: 000					

NET ORDER:	63,630.00
SALES TAX:	.00
FREIGHT:	.00
ORDER TOTAL:	63,630.00

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023262

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/02/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	24	476	EA	127.26	3054.24

NOTES:

SUBTOTAL: 3054.24

TAX: 0.00

TOTAL: 3054.24

TOTALS FOR INVOICE 023262

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023265

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/03/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	100	376	EA	127.26	12726.00

NOTES:

SUBTOTAL: 12726.00

TAX: 0.00

TOTAL: 12726.00

TOTALS FOR INVOICE 023265

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023270

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/04/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	100	276	ea	127.26	12726.00

NOTES:

SUBTOTAL: 12726.00

TAX: 0.00

TOTAL: 12726.00

TOTALS FOR INVOICE 023270

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023275

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/07/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	86	190	ea	127.26	10944.36

NOTES:

SUBTOTAL: 10944.36

TAX: 0.00

TOTAL: 10944.36

TOTALS FOR INVOICE 023275

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023279

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/08/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	108	82		127.26	13744.08

NOTES:

SUBTOTAL: 13744.08

TAX: 0.00

TOTAL: 13744.08

TOTALS FOR INVOICE 023279

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023281

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/09/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	52	30	EA	127.26	6617.52

NOTES:

SUBTOTAL: 6617.52

TAX: 0.00

TOTAL: 6617.52

TOTALS FOR INVOICE 023281

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023290

PAGE NO. : 1
SALES ORDER : 005869
INVOICE DATE : 01/15/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75952
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR 500	15	15	EA	127.26	1908.90

NOTES:

SUBTOTAL: 1908.90

TAX: 0.00

TOTAL: 1908.90

TOTALS FOR INVOICE 023290

** PURCHASE ORDER ** PAGE: 1

CPO Science
80 Northwest Blvd
Nashua, NH 03063

P.O. NUMBER: CP75952
ORDER DATE: 04/27/12

(603) 589-7180

VENDOR NO: 0030230

VENDOR:
Agility Mfg, Inc.
279 Locust Street
Dover NH 03820

CONFIRM TO: Phone: 603-742-8977

SHIP TO:
CPO Science
c/o Delta Education
80 Northwest Blvd.
Nashua NH 03063

Fax Number: 603-742-7339

REQUIRED DATE	SHIP VIA	F.O.B	TERMS
08/27/12			NET 30 DAYS

ITEM NO.	UNIT	ORDERED	RECEIVED	BACK ORD	UNIT COST	AMOUNT
692-1021	EACH	500.00	0.00	0.00	127.2600	63,630.00
DC2.1 PCB Populated/Certified	WHSE: 000					

NET ORDER:	63,630.00
SALES TAX:	.00
FREIGHT:	.00
ORDER TOTAL:	63,630.00

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023261

PAGE NO. : 1
SALES ORDER : 005868
INVOICE DATE : 01/02/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # : 1-800-932-5227
CUSTOMER PO # : CP75951
FOB :

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP TO ADDR

CPO SCIENCE
KERRY GAVIN
80 NORTHWEST BLVD.
NASHUA, NH 03063
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: CAM001

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000413	CPO-692-1021-DATA-COLLECTOR					
		500	33	0	EA	127.26	4199.58

NOTES:

SUBTOTAL: 4199.58

TAX: 0.00

TOTAL: 4199.58

TOTALS FOR INVOICE 023261

School Specialty
The power of teaching. The wonders of learning.

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2133064	4	088	09-MAY-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
80 NORTHWEST BLVD
NASHUA, NH 03063-3000
United States

Supplier: AGILITY MFG INC
279 LOCUST ST
DOVER NH 03820
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: KATHRYN GAVIN	FOB:	Acct Number:
Phone: (603) 589-7180	Freight Terms: Parcel	
Fax:	Via:	
Email: KATHRYN.GAVIN@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
	CPO CONV PO CP75926					
1408	892-2005	EACH ASSEMBLY PHOTOGATE 4.1 PCB POPULATED	26-JUN-12	$13.5900	$19,134.72	1
92	892-2005 CUSTOM 892-2005	EACH ASSEMBLY PHOTOGATE 4.1 PCB POPULATED	05-APR-13	$13.5900	$1,250.28	2

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

To obtain your copy of the 2012/2013 Routing Guide, please call 855-223-8017 or contact SSIRouting@CHRobinson.com.

Corporate transportation must approve routing deviations. Bill of Lading copy MUST accompany invoice. Bills payable upon order completion; terms discounted from date of invoice. Our PO number MUST appear on Bill of Lading with instructions for carrier to place on Freight Bill and mark as such. Failure to do so will incur a chargeback of $50.

Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 20,385.00 USD

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023304

PAGE NO. : 1
SALES ORDER : 006386
INVOICE DATE : 01/18/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # :
CUSTOMER PO # : 2133064
FOB :

SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
USA

SHIP TO ADDR

SCHOOL SPECIALTY INC
KATHRYN GAVIN
80 NORTHWEST BLVD
NASHUA, NH 03063-3000
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: SCH004

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TEK8000209	CPO PHOTOGATE PCB 4.1 With PCB					
ISSUE A		92	25	63	EA	13.59	339.75

NOTES:

SUBTOTAL: 339.75

TAX: 0.00

TOTAL: 339.75

TOTALS FOR INVOICE 023304

School Specialty
The power of teaching. The wonders of learning.

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2312186	0	088	25-JUL-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
80 NORTHWEST BLVD
NASHUA, NH 03063-3000
United States

Supplier: AGILITY MFG INC
279 LOCUST ST
DOVER NH 03820
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: KATHRYN GAVIN	FOB:	Acct Number:
Phone: (603) 589-7180	Freight Terms: FOB	
Fax:	Via:	
Email: KATHRYN.GAVIN@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
500	692-4201 CUSTOM 692-4201	EACH POPULATING PCB TIMER IIE	26-OCT-12	$34.2800	$17,140.00	1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

To obtain your copy of the 2012/2013 Routing Guide, please call 855-223-8017 or contact SSIRouting@CHRobinson.com.

Corporate transportation must approve routing deviations. Bill of Lading copy MUST accompany invoice. Bills payable upon order completion; terms discounted from date of invoice. Our PO number MUST appear on Bill of Lading with instructions for carrier to place on Freight Bill and mark as such. Failure to do so will incur a chargeback of $50.

Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 17,140.00 **USD**

AGILITY MFG, INC.
279 LOCUST STREET
DOVER, NH 03820

PHONE: 603-742-8977
FAX: 603-742-7339

INVOICE #023274

PAGE NO. : 1
SALES ORDER : 006021
INVOICE DATE : 01/07/2013
RELATED DOC # :
SALESMAN :
CUSTOMER PH # :
CUSTOMER PO # : 2312186
FOB :

SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
USA

SHIP TO ADDR

SCHOOL SPECIALTY INC
KATHRYN GAVIN
80 NORTHWEST BLVD
NASHUA, NH 03063-3000
USA

SHIP VIA: UPS::Ground TERMS: Net 30 ACCT: SCH004

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	TPB8000026	CAMBRIDGE TIMER UNIT 401110					
ISSUE H	(NON-ROHS)	500	13	20	EA	34.28	445.64

NOTES:

SUBTOTAL: 445.64

TAX: 0.00

TOTAL: 445.64

TOTALS FOR INVOICE 023274