

Fast-Track Purchasing Packet

Includes:

Fast-Track order Checklist

Quote Rate Sheet

Fast-Track Quote

Signed W-9

FAST-TRACK ORDER CHECKLIST

Use this streamlined guide to:

☐ Complete the Fast-Track Quote

☐ Add Resources at Lakeshore Speech, LLC as an approved vendor with your district/organization

☐ Obtain a Purchase Order (PO)

☐ Place your year-end order before holiday Q4 deadlines.

Step 1: Complete Resources at Lakeshore Speech Fast-Track Quote

- Download the **Fast-Track Quote sheet**
- Indicate your order on the sheet - calculate the total amount (Note - Shipping is FREE)
- Enter the date in the "Quote Date" space
- Check the preferred symbol sytem (Boardmaker or SymbolStix)

Step 2: Complete District Vendor Registration (Pre-Attached W-9)

- Download the Complete Purchasing Packet: Your packet includes our pre-signed **W-9 Form**, standard rate sheet, and official vendor credentials.
- Submit W-9 to Purchasing / Accounts Payable: Forward our pre-attached W-9 to your district's procurement department to set up Resources at Lakeshore Speech, LLC as an approved vendor in your system.

Step 3: Obtain an Offical Purchase Order (PO) from your district/agency

- PO must includes the following mandatory line items:
  - Vendor Name & Info: Resources at Lakeshore Speech, LLC
  - Selected Bundle Items
  - Billing Address & District/Agency Contact: Name, direct email, and phone number for Accounts Payable.
  - Shipping Address: Physical street address (No P.O. Boxes) of Receiving Dept or School.
  - Authorized Signature: Signed and dated by a district purchasing agent, administrator, or clinic director.

Step 4: Fast-Track Email Submission

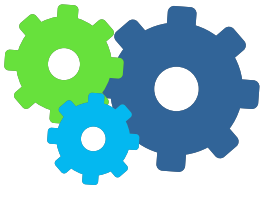
- Attach Documents to One Email:
  - Copy of District/Agency Official Signed Purchase Order (PO)
  - Pre-Populated Fast-Track Quote Form (included in packet)
- Send Email To: *rlsinfo@lakeshorespeech.com*
- Required Subject Line: *Bundle Purchase - [Insert School District / Organization Name]*

Deadline - End of business (EST) December 28, 2026

What You Can Expect from Resources at Lakeshore Speech



An email within 24 hours confirming receipt of your order



If all paperwork is complete, your order will go directly to production.



An email with the shipping tracking number.



Your order devlivered within 2 - 7 business days.

OFFICIAL QUOTE / RATE SHEET

BUNDLE 1: DISTRICT STARTER KIT
Price: **$3000.00** (Includes FREE Standard Ground Freight)
Ideal for outfitting new inclusive playgrounds, schools, or speech therapy departments.
Select Configuration:

- [ ] **Option 1A:** Six (6) 2'x3' Outdoor Playground Communication Boards (Standard Vocabulary Layout; all weather aluminum composite).
- [ ] **Option 1B:** Three (3) 3'x2' Clinic Communication Boards (SLP/Pediatric clinical layout - aluminum composite), PLUS Three (3) 2'x3' Outdoor Playground Communication Boards.

Standard Playground Layout - Boardmaker



BUNDLE 2: EMOTIONAL BALANCE BOARD BUNDLE
Price: **2A: $1000.00** (Includes FREE Standard Ground Freight)
2B: $2000.00 (Includes FREE Standard Ground Freight)
Designed for special education classrooms, OT rooms, and sensory regulation spaces.
Select Configuration:

- **Option 2A:** Five (5) 18"x24" Coroplast Emotional Balance Board Sets (Each set includes 2 boards configured as a double-sided A-Frame "sandwich sign").
- **Option 2B:** Ten (10) 18"x24" Magnetic Emotional Balance Boards (Ideal for classroom wall mounts, magnetic whiteboard stations or at home refrigerators).

Standard Clinic Layout - SymbolStix





Standard Emotional Balance Board Layout - SymbolStix

BUNDLE 3: COMMUNICATION CONNECTION BUNDLE
Price: $4150.00 (Includes FREE Standard Ground Freight)
Complete district-wide or comprehensive clinic solution.
Bundle Contents Included:

- Two (2) 3'x2' Clinic Communication Boards
- Two (2) 2'x3' Outdoor Playground Communication Boards
- Two (2) 2'x3' Weatherproof Pool/Aquatic Communication Boards
- Five (5) 18"x24" Emotional Balance Board Sets (Coroplast)



Standard Pool Layout - Boardmaker

All Communication Boards (excluding Emotional Balance Boards) are 100% customizable. Standard bundle pricing reflects our evidence-based, clinical vocabulary layouts. Any custom board modifications will incur additional customization charges. To request a customized board layout, please complete an online quote request using promo code **DECBUNDLE**.

FAST-TRACK QUOTE

Resources at Lakeshore Speech, LLC
1471 Winton Ave.
Lakewood, OH 44107
rlsinfo@lakeshorespeech.com
(216) 244-4569
https://www.lakeshorespeech.com

Quote Date:

QuoteExpiration Date: **December 28, 2026**

Bundle + Option #	Product Description	Qty	Rate	Amount
	Symbol System Choice: [ ] Boardmaker [ ] SymbolStix			
			Shipping Cost	**FREE**
			Total	

WARNING! SELLER ADVISES, TO AVOID BODILY INJURY OR DAMAGE TO PROPERTY, THAT THE PURCHASER SECURELY INSTALL THIS PRODUCT SO THAT IT WILL NOT BECOME DETACHED OR FALL. IF THE PRODUCT IS BEING INSTALLED OUTDOORS, ADDITIONAL CARE SHOULD BE TAKEN TO ASSURE THE PRODUCT IS SECURED IN A MANNER THAT IT WILL WITHSTAND HEAVY WIND AND THE ELEMENTS. NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, SELLER DISCLAIMS AND SHALL NOT BE RESPONSIBLE FOR ANY AND ALL PERSONAL INJURIES OR PROPERTY DAMAGES RESULTING FROM THE INSTALLATION OF THIS PRODUCT. PURCHASER, BY PURCHASING AND ACCEPTING THIS PRODUCT, ACCEPTS ALL RESPONSIBILITY FOR THE SAFE INSTALLATION OF THIS PRODUCT AND HEREBY INDEMNIFIES AND HOLDS THE SELLER HARMLESS FROM ANY AND ALL PERSONAL INJURIES AND PROPERTY DAMAGES THAT MAY OCCUR AS A RESULT OF THE IMPROPER OR INADEQUATE INSTALLATION OF THIS PRODUCT.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Resources at Lakeshore Speech, LLC.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . P

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

1471 Winton Ave

6 City, state, and ZIP code

Lakewood, OH 44107-3611

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				

or

Employer identification number

8	4	-	5	0	6	5	7	0	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** Jennalyn M Kotnik **Date** 01/22/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they