



1

SHIP TO

Customer Number (see mailing label)
Name (please print)
Title Dept.
Organization
Street (No P.O. Boxes) Mail Code
City State Zip
Daytime Phone () - FAX () -
E-mail
Check here if you DO NOT want to receive e-mail promotions and offers.

BILL TO (Fill in only if different than "SHIP TO" address)

Ordered by
Organization
Street Mail Code
City State Zip
Daytime Phone () - FAX () -
E-mail
Check here if you DO NOT want to receive e-mail promotions and offers.
Tax Exemption Number
Contract Number

2

METHOD OF PAYMENT

Purchase Order
P.O. # Date
Authorizing Signature
Confirming Order
Bill Existing Account
Open New Account
Check Enclosed (prepaid orders)
*Credit Card (fill out information at right)

*For credit card orders, "Bill To" address must be the address on your statement
Visa American Express MasterCard Discover

CREDIT CARD INFORMATION

Account Number Expiration Date
Cardholder's Organization (if applicable)
Cardholder's Name (please print)
Authorizing Signature
Street or P.O. Box (must match card's billing address)
City State Zip

3

Table with 6 columns: Product Number, Product Description, Quantity, Color/Style, Unit Price, Total Cost

4

DELIVERY INSTRUCTIONS

TO ENSURE PROMPT DELIVERY, CHECK APPLICABLE BOXES BELOW:

Stock Items (Check for rush delivery)

Overnight delivery
Items Shipping by Truck (Check required services)
Inside delivery
Deliver between hours: &
Loading dock available No loading dock (need lift gate)
Call before delivery

Contract Name Contract Number
*Extra charges may apply, call 1-800-603-3536 for details.

Summary table with rows: SUBTOTAL, APPLICABLE SALES TAX, ESTIMATED SHIPPING CHARGES (Actual shipping charges will be billed), TOTAL

Thank you for your order!
Your satisfaction is
100% guaranteed!

Photocopy this page for multiple forms.

