

ORDER FORM

1. SHIP TO Customer Number (see mailing label)		2. BILL TO (complete only if different from SHIP TO) Name Title											
							Department						
							Organization						
		Street or P.O. Box											
		City	S	tate Zip									
			State Zip	Phone	FAX								
			FAX										
E-mail		☐ Check here if you DO NOT want to receive e-mail promotions & offers.											
Check here if you DO NOT want to receive e-mail promotions & offers.		Tax Exemption Number											
		Contract/Quote/Bid Number											
		`											
3. METHOD OF PAYMENT		4. CREDIT CARD INFORMATION											
Purchase Order		*For credit card orders, the "Bill To" address must be the address on your statement. Wisa MasterCard MasterC											
P.O. #	Date	Visa Visa	MasterCard Am	nerican Express	Discover								
Authorizing Signature		 Account Number		Expiration	Date								
		Account Number Expiration Bate											
		Cardholder's Organization (if applicable) Cardholder's Name Authorizing Signature											
									Street or P.O. Box (must match card's billing address)				
									City State Zip				
Item Number	Product Description	Quantity	Color/Style	Unit Price	Total Price								
5. DELIVERY INSTRUCTION	ONS	SUBTOTAL											
	RY, CHECK APPLICABLE BOXES BELOW:	APPLICABLE SALES TAX											
Stock Items (Check for rush of Overnight delivery*	delivery)			SHIPPING CHARGES charges will be billed)									
Second Day delivery*		TOTAL											
Items Shipping by Truck (Che	eck required services)				Thank you!								
Deliver between:		. d. d d			•								
	e: End of truck delivery onto your receiving Inside first set of doors with liftgate service			Promotional	Code:								
Call before delivery*		C.											
Contact Name		Enter TLS Coupon #,											

*Additional charges will apply, call 800.603.3536 for details.

Co-op # or Bid #



ORDER FORM

Photocopy this page for multiple forms.

Item Number	Product Description	Quantity	Color/Style	Unit Price	Total Price
SUBTOTAL				SUBTOTAL	
If you are faxing more than one page, please complete this section.		APPLICABLE SALES TAX ESTIMATED SHIPPING CHARGES			
Customer Number (see mailing label)		TOTAL			
			7	hank you for	your order!
Department		_		Your satisf	action is
Organization				100%	autoad/

100% guaranteed!

City ______ State ___ Zip _____ Phone _____- FAX ____-

Street (No P.O. Boxes)

E-mail ____