

**Bill To / Ship To Addresses**

Bill to:			Ship to: <small>*(Must select one)</small>			Business Address	Residential Address
Company Name:			Company Name:				
Attn: Accounts Payable or			Attn:				
Address 1:			Address 1:				
Address 2:			Address 2:				
City:			City:				
State:	Zip:		State:	Zip:			
Phone:	Ext:	Fax:	Phone:	Ext:	Fax:		

**Purchase Information**

<b>Federal ID #:</b> _____	<b>Taxable:</b>	Yes	No	<i>If NO, please fax or e-mail tax exempt form. Must be state tax or vendor number. Federal ID number not acceptable.</i>
<b>Purchase Order Required:</b>	Yes	No		
<b>No Purchase Order Required – list authorized purchasers:</b>				
_____	Name	_____	Phone Number	_____
_____		_____	Ext:	_____
_____		_____	Ext:	_____
_____		_____	Ext:	_____
				E-mail Address

**Payment Information**

<b>Terms:</b>	Net 30 Days	Submit Dun & Bradstreet Number: _____	Line of Credit: _____
	Visa	MasterCard	American Express
			Prepay
<b>Invoice Procedures</b> <i>(Please check preference):</i>	E-mail (Preferred method)		Fax
<b>E-mail Invoices To:</b> _____			<b>Fax Invoices To:</b> _____

**Contact Information**

Primary Contact Information			Accounts Payable Contact Information		
Company Name:			Company Name:		
Contact:			Contact:		
Title:			Title:		
Address 1:			Address 1:		
Address 2:			Address 2:		
City:			City:		
State:	Zip:		State:	Zip:	
Phone:	Ext:	Fax:	Phone:	Ext:	Fax:
E-mail:			E-mail:		
Would you like to receive our newsletters and sales flyers via e-mail?			Yes	No	