

Company Name: _____

Bill To Address
Street: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Fax#: _____

Accounts Payable Email Address: _____

Ship To Address: (if Different from Bill To) Federal Tax ID#

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Street: _____

City: _____ State: _____ Zip Code: _____

Business established in (year) _____

Purchase Order Required? Yes No

Bank _____

City: _____ State: _____ Zip Code: _____

Trade References:

1- _____ Fax#/Email _____

2- _____ Fax#/Email _____

3- _____ Fax#/Email _____

Authorized People to Charge _____

Conditions Of Sale And Receipt:

- 1) All goods returned are subject to a 15% restocking fee.
- 2) Finance charges of 1.5% per month, 18% per year, will be charged on all past due amounts.
- 3) In the event that the matter is turned over to an attorney for collection or litigation, customer shall be liable for all attorney fees and costs.
- 4) The account shall be considered delinquent and past due 30 days after invoice date.

Print Authorized Name _____ Authorized Signature _____

Date _____ Title _____