

PLEASE PRINT LEGIBLY

SECTION 1

LEGAL BUSINESS NAME: _____ DBA: _____

BILLING ADDRESS: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS (REQUIRED MARK BELOW) TYPE OF SHIPPING LOCATION (REQUIRED MARK BELOW)

() PROPRIETORSHIP () PARTNERSHIP () GENERAL () LIMITED () CORPORATION () RESIDENTIAL () COMMERCIAL

YEAR ESTABLISHED: _____ FEDERAL ID#: _____

PRINCIPAL NAME: _____ PHONE: _____

E-MAIL ADDRESS: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

SALES REP: _____

SECTION 2

RECURRING PAYMENT AUTHORIZATION: IF YOU WOULD LIKE US TO CHARGE YOUR CREDIT CARD AUTOMATICALLY ONCE YOUR ORDER IS READY TO SHIP. PLEASE COMPLETE THE CREDIT CARD INFORMATION SECTION BELOW. ALL REQUESTED INFORMATION IS REQUIRED. YOU MAY CANCEL THIS AUTOMATIC BILLING AUTHORIZATION AT ANYTIME BY CONTACTING US.

CARD TYPE: () MASTERCARD () VISA () AMEX

CARDHOLDER NAME: _____

CARD NUMBER# _____ EXP. DATE _____

SEC CODE(3 DIGIT/ AMEX 4 DIGIT) _____

CARD BILLING ADDRESS & ZIP CODE (IF DIFFERENT THAN ABOVE) _____

CARD HOLDER NAME & SIGNATURE _____

SECTION 3

ONE TIME CHARGE: IF YOU WOULD LIKE TO PROVIDE US WITH AUTHORIZATION EACH TIME YOU PLACE AN ORDER. PLEASE COMPLETE THE CREDIT INFORMATION SECTION BELOW. YOUR CREDIT CARD WILL BE CHARGED ONLY FOR YOUR CURRENT ORDER. WE WILL CONTACT YOU EACH TIME TO COMPLETE OUR CREDIT CARD AUTHORIZATION FORM PRIOR TO PROCESSING YOUR ORDER

CARD TYPE: () MASTERCARD () VISA () AMEX

CARDHOLDER NAME: _____

CARD NUMBER# _____ EXP. DATE _____

SEC CODE(3 DIGIT/ AMEX 4 DIGIT) _____

CARD BILLING ADDRESS & ZIP CODE (IF DIFFERENT THAN ABOVE) _____

CARD HOLDER NAME & SIGNATURE _____

FOR OFFICE USE ONLY
ACCOUNT# _____

SECTION 4

ARE YOU TAX EXEMPT? () YES () NO

IF YES, PLEASE PROVIDE A COPY OF YOUR STATE RESALE CERTIFICATE**

STATE RESALE CERTIFICATE# _____