

Customer Number (see mailing label) Name Title Department Organization Street (No P.O. Box Street (No P.O. Box Street (No P.O. Box Street (No P.O. Box) Str	1. SHIP TO		2. BILL TO (d	2. BILL TO (complete only if different from SHIP TO)					
Department	Customer Number	r (see mailing label)	Name						
Department	Title		Title Department						
Street or P.O. Box Street (No P.O. Boxes) City									
Street (No P.O. Boxes)									
City	Organization								
Phone FAX	Street (No P.O. Boxes	s)	City		State Zip				
Check here if you DO NOT want to receive e-mail promotions & offers. Tax Exemption Number	City	State Zip	Phone FAX						
Check here if you DO NOT want to receive e-mail promotions & offers. Tax Exemption Number	Phone	FAX	E-mail						
3. METHOD OF PAYMENT Purchase Order Purchase Order Purchase Order Outhorizing Signature Confirming Order Bill Existing Account Credit Card* (fill out information at right) Check Enclosed (prepaid orders) Open New Account Open New Account Other Ot	E-mail		Check here if you DO NOT want to receive e-mail promotions & offers.						
3. METHOD OF PAYMENT Purchase Order PO. # Date			Tax Exemption Number						
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Purchase Order Po. # Date	3. METHOD OF P	PAYMENT	A CPENIT CAPN INFORMATION						
Authorizing Signature Confirming Order	Purchase Orde	er							
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Credit Card* (fill out information at right) Check Enclosed (prepaid orders) 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 Item Number Product Description Substituting 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 INSTRUCTIONS TO ENSURE PROMPT DELIVERY, CHECK APPLICABLE BOXES BELOW: Stock Items (Check for rush delivery) Covernight delivery* Second Day delivery* TOTAL	_		Account Number Expiration Date						
Credit Card* (fill out information at right) Check Enclosed (prepaid orders) Open New Account	☐ Bill Existing A	ccount	Cardholder's Organization (if applicable)						
Check Enclosed (prepaid orders) 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 INSTRUCTIONS TO ENSURE PROMPT DELIVERY, CHECK APPLICABLE BOXES BELOW: Street or P.O. Box (must match card's billing address) Substituting Signature City State Zip State Zip Total Price Total Price Substituting Signature Street or P.O. Box (must match card's billing address) City State Zip Total Price Total Price Substituting Substituting Signature Street or P.O. Box (must match card's billing address) State Zip Total Price Total Price Total Price Substituting Substitution Substituting Substituting Substituting Substituting Substituting Substituting Substituting Substituting Substituting Substitu	☐ Credit Card* ((fill out information at right)							
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Item Number Product Description Quantity Color/Style Unit Price Total Price 5. DELIVERY INSTRUCTIONS TO ENSURE PROMPT DELIVERY, CHECK APPLICABLE BOXES BELOW: Stock Items (Check for rush delivery) Overnight delivery* Second Day delivery* Second Day delivery* TOTAL			Street or P.O. Box (must match card's billing address)						
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Second Day delivery.		•		g charges will be billed)					
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		ruck (Check required services)				Thank you!			
Deliver between: & Standard Delivery Service: End of truck delivery onto your receiving dock only.			a dock only						
Deluxe Delivery Service: Inside first set of doors with liftgate service.* Discount Code:			-		Discount Cod	le:			
Call before delivery*	Call before deli	very*							
Contact Name Contact Phone Number *Additional charges will apply, call 800.603.3536 for details.									

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Item Number	Product Description	Quantity	Color/Style	Unit Price	Total Price	
				SUBTOTAL		
If you are faxing more than one page, please complete this section.		APPLICABLE SALES TAX ESTIMATED SHIPPING CHARGES				
Name						
Title			70	hank you lor	your order!	
Department		-pour conception to				
Organization						
Street (No P.O. Boxes	3)			,		
City	State Zip					
Phone	FAX					
E mail						

☐ Check here if you DO NOT want to receive e-mail promotions & offers.