ACCT #:	PAGE _____ OF _____	DATE _____	E-mail address:

BILL TO:	SHIP TO:
Business Name:	Business Name:
Address:	Address:
CITY: STATE: ZIP:	CITY: STATE: ZIP:

PHONE #:	FAX #:	BUYER:	SHIP DATE	NEEDED BY:
EVENING PHONE #:	CELL #:			

UPS GROUND	UPS 3-DAY	UPS 2-DAY	UPS 1-DAY	_____ COD (MONEY ORDERS ARE REQUIRED ON ALL COD's)

CC#:	EXP DATE:	NAME ON CARD:

May we substitute with like product if we are out of stock? ☐ YES ☐ NO ☐ CALL FIRST

PLU#	QUANTITY	DESCRIPTION	PRICE		TOTAL

ALL RETURNS REQUIRE ADVANCE AUTHORIZATION. ALL 'HOLD FOR CONFIRMATION' & PROFORMA ORDERS WILL BE CANCELLED IF NOT CONFIRMED OR PAID WITIN 10 DAYS	BUYER'S SIGNATURE:

PLEASE MAKE COPIES FOR FUTURE USE.

BUSINESS NAME:	PHONE NUMBER:	PAGE _____ OF _____	DATE _______________

PLU#	QUANTITY	DESCRIPTION	PRICE		TOTAL

PLEASE MAKE COPIES FOR FUTURE USE.