



DATE : _____

CORPORATE NAME : _____

CUSTOMER NAME : _____

MAILING ADDRESS : _____

CITY / STATE : _____

DELIVER ADDRESS : (if different) _____

MULTIPLE DELIVERY LOCATIONS : NO ☐ YES ☐ (IF YES, INCLUDE ADDRESS)

MULTIPLE ADDRESS DELIVER : _____

PHONE : _____

EMAIL ADDRESS : _____

OWNER NAME : _____

OWNER ADDRESS : _____

TAX ID# OR SS# : _____

STATEMENT TO : CORPORATE ADDRESS : ☐ OR PHYSICAL LOCATION : ☐

E-mail : ☐

NOTE : All orders will be COD until the signed credit application is received and approved.

TERMS : COD (cash or check on delivery) ☐

PAY AFTER DELIVER ☐ NET 30 DAYS ☐ (by 10th of the month)

DELIVERY DAYS : _____ TIME : _____

CALL DAYS : _____ TIME : _____

NOTE / INSTRUCTIONS : _____