



AmChem Enterprises, Inc.

P.O Box 46707
St. Louis, Mo 63146 U.S.A
Phone (800)732-2436 or (314) 567-6766
Fax (800) 891-2436 or (314) 567-5780
SBAum@AmChemEnt.com

Recycling Pen Order Form

Order date ____ / ____ / ____

Bill To:

Ship To:

Department / Suite # / Name

Company Name

P.O. Box or Street Number

City, State, Zip Code

Phone # _____

Fax # _____

Street Number (cannot ship to PO Box)

City, State, Zip Code

E mail Address _____

Price and Shipping Information – Minimum Order \$75.00 plus freight USD
25.20/each pen – USD 194.00/box of 10 pens (not assorted)

				Best Value		
		Quantity	<u>1 – 9 Pens</u>	<u>10 or more</u>		<u>Total</u>
C-001B	Groundwood Pen	_____	USD 25.20	USD	19.40	_____
C-004	Laser Ink Pen	_____	USD 25.20	USD	19.40	_____
C-002	UV Ink Pen	_____	USD 25.20	USD	19.40	_____
C-010	Ply/UV Ink Pen	_____	USD 25.20	USD	19.40	_____
C-006B	Acid Paper Pen	_____	USD 25.20	USD	19.40	_____
C-005	Blister Coating Pen	_____	USD 25.20	USD	19.40	_____

USD 36.00/each pen – USD 252.20/box of 10 pens not assorted

C-20	Flexo Ink Pen	_____	USD 36.00	USD	25.20	_____
------	---------------	-------	-----------	-----	-------	-------

Subtotal USD _____

MO Sales Tax _____

Missouri customers do not need to pay sales tax if they provide a tax form with this order form (6.575% Mo Orders Only)

UPS Ground Only \$12.50

Canadian Surcharge _____

(USD 15.00 export surcharge if applicable)

Order Total USD _____

Consignee or **importer** pays applicable import duties and value-added tax (VAT) to utilize NATFA certificate in shipping supply tax ID number _____

Only orders over USD 100 may be invoiced and must be accompanied by credit references or you must be an existing established account of AmChem. By requesting to be invoiced you agree to pay with in terms. (NET 30 Days)

Customer P.O. # _____

Purchasing agent _____

Signature

Print Your Name

Your account will be subject to a finance charge at a periodic rate of 1.5% per month (annual percentage rate of 18%) applied to all account balances that are not paid in agreed upon terms.

APPLICATION FOR OPEN ACCOUNT
CUSTOMER CREDIT PROFILE

Dear Customer:

Please fill out this Credit Application form and mail or fax it back to set up a Net 30 day open account. We appreciate your business.

Thank you.
AmChem Enterprises, Inc.

BUSINESS INFORMATION

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____

TYPE OF BUSINESS _____

YEARS IN BUSINESS _____

CONTACT PERSON _____ E MAIL _____

BANK REFERENCES

CHECKING ACCOUNT NO. _____ PHONE _____

NAME _____ BRANCH _____ FAX _____

TRADE REFERENCES

1) NAME _____ PHONE _____

ADDRESS _____ FAX _____

2) NAME _____ PHONE _____

ADDRESS _____ FAX _____

3) NAME _____ PHONE _____

ADDRESS _____ FAX _____

SIGNATURE OF AUTHORIZED PURCHASER TITLE DATE

Your account will be subject to a finance charge at a periodic rate of 1.5% per month (annual percentage rate of 18%) applied to all account balances that are not paid in agreed upon terms. A



AmChem Enterprises, Inc.

P.O Box 46707
St. Louis, Mo 63146 U.S.A
Phone (800)732-2436 or (314) 567-6766
Fax (800) 891-2436 or (314) 567-5780
SBaum@AmChemEnt.com