



BUSINESS CONTACT INFORMATION
Fill out all that apply

Company name:

Company delivery address:

City / State / Zip:

Sales contact name:

Sales E-mail:

Sales phone:

Company billing address:

City / State / Zip:

Billing contact name:

Billing E-mail for invoices:

Billing phone:

My state or federal sales and use license is attached or otherwise provide.

Do you sell online? If so, provide the website address:

**Orders can be placed via email, PO or online using a link provided at time of sign up.
Invoices will be emailed. You may pay:**

- **Via link at the bottom of the invoice email**
- **Via credit card we keep securely on file.**
- **Online at time of online order. Shipping will be charged to a credit card that we keep securely on file.**

AGREEMENT

- 1. All invoices are to be paid 7 days from the date of the invoice unless otherwise arranged.**
- 2. By filling out this form you agree to enjoy our product!**

SIGNATURES

Signed:

Date: