

1 Ship To

Name _____
 Title _____ Dept. _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ FAX _____
 E-mail _____

2 Method of Payment

PURCHASE ORDER
 P.O.# _____ Date _____
 C.O.D.
 BILL EXISTING ACCOUNT Account# _____
 OPEN NEW ACCOUNT
 CHECK ENCLOSED (Prepaid Orders) _____ \$ _____
 CREDIT CARD (Fill out information to the right)

Bill To (fill in only if different than "SHIP TO" Address)

Ordered By _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ FAX _____
 E-mail _____
 Tax Exempt Number _____
Please enclose a copy of your certificate



VISA Mastercard American Express C.O.D. Bill Existing Account

Account Number _____ Exp. Date _____ CVV Code _____
 Cardholders' Company (if applicable) _____
 Cardholders' Name (Please Print) _____
 Street or P.O. Box _____ (Cardholder's billing address required - must match card)
 City _____ State _____ Zip _____

Credit Card Signature

3 YOUR ORDER DETAILS

Product Number	Size	Material	Liner Print	Perf.	Tabs / Roll	Tabs / Case	Quantity	Unit Price	Total Sale

4 To best serve you delivery needs check 1 or more boxes below

For Stock Items (Check for Rush Delivery)
 Overnight Delivery
For Items Shipping by Truck (Check for Required Services)
 Inside Delivery
 Limited Hours for delivery ____ to ____
 Is a loading dock available No, I need a Lift Gate
 Call before delivery
 Contact Name _____ Phone # _____
*Extra charges may apply for these service, call 201-439-0975 for details

For Items Shipping by UPS
 UPS Ground
 UPS 2nd Day Air
 UPS Next Day Air

Other Service, specify

Subtotal	
NJ Sales Tax	
Shipping	
TOTAL	

Thank You!