



352 Hedgehope Dr., Las Vegas, NV 89183
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www.yardplumbinginc.com

Company Name: _____ Booth# _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Print Name: _____

Note: Invoices will be sent by e-mail, please provide the e-mail address of the person who reconciles your invoices, if different than above: _____

CYLINDER INFORMATION

Delivery Date & Time: _____ Pick up Date & Time: _____

On site contact person: _____ Mobile#: _____

Quantity/type of cylinder(s): _____

METHOD OF PAYMENT

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. Please complete the information requested below:

Visa MasterCard American Express

Credit Card #: _____ Exp. Date: _____

Cardholder Name (Print): _____

Cardholder Signature: _____

Cardholder Billing Address: _____

Amount \$ _____

**Credits will not be given for cylinders ordered and not utilized. Any cylinders not returned will be charged an applicable replacement fee. No Exceptions.