

Company Name		Contact Person	
Address		City, State, Zip	
		code	
Phone:		Fax:	
Account ID		S.O. #:	
Side Mark		P.O. #:	
I, the undersigned, understand that the product I order on line #			
I promise to pay in question.	the invoice in full in any event that m	y customer refuses to	pay for the product(s)
	tire agreement. No oral or written a	· ·	
Printed Name: _		Title:	
Signature:		Date:	