

COMPANY INFORMATION			
COMPANY NAME		DATE	
WEBSITE			
MAIN CONTACT			
NAME			
EMAIL		PHONE	
ALTERNATE OR ACCOUNTING CONTACT			
NAME			
EMAIL		PHONE	
BILLING/SHIPPING INFORMATION		SIGNATURE REQUIRED	
SHIPPING ADDRESS		IS THIS ADDRESS RESIDENTIAL?	<input type="checkbox"/> NO <input type="checkbox"/> YES
CITY	STATE	ZIP	
BILLING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	
CASTING & ORDER PREFERENCES (CAN ALWAYS BE CHANGED BY THE ORDER)			
ALLOY PREFERENCE		FEDEX SHIPPING PREFERENCE	
<input type="checkbox"/> 950 PLAT/RUTH <input type="checkbox"/> 950 PLAT/COBALT <input type="checkbox"/> PT HARD <input type="checkbox"/> 316 STAINLESS <input type="checkbox"/> F75 COBALT CHROME		<input type="checkbox"/> FEDEX PRIORITY OVERNIGHT (BEFORE 10:30 AM) <input type="checkbox"/> FEDEX STANDARD OVERNIGHT ...(BEFORE 4:30PM) <input type="checkbox"/> FEDEX 2-DAY AIR	
HIP PREFERENCE *Ask us about the benefits of HIP!			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
PAYMENT METHOD		TAX ID # FOR AML & SALES TAX COMPLIANCE	
<input type="checkbox"/> CREDIT CARD (DO NOT SEND CC#, WE WILL CALL)		FEDERAL TAX# /EIN:	
<input type="checkbox"/> SET UP TERMS (AVAILABLE AFTER FIRST ORDER)		STATE RESELLER PERMIT: <i>Please scan and email a copy of your state reseller permit for us to keep on file.</i>	
		*** SOLE PROPRIETORS PLEASE REQUEST A SECURE LINK TO UPLOAD - DO NOT EMAIL SS#	
How did you hear about us?			