

Billing Details

FIRST NAME*	LAST NAME*
COMPANY NAME	PROJECT / JOB NAME*
STREET ADDRESS*	
CITY*	STATE / PROVINCE*
ZIP / POSTAL CODE*	COUNTRY*
EMAIL ADDRESS*	PHONE NUMBER*

☐ Please ship my order to a different address

FIRST NAME	LAST NAME
COMPANY NAME	PROJECT / JOB NAME
STREET ADDRESS	
CITY	STATE / PROVINCE
ZIP / POSTAL CODE	COUNTRY
EMAIL ADDRESS	PHONE NUMBER

Additional Information

TYPE OF ADDRESS*	☐ Residential	☐ Commercial
ADD A LIFTGATE? ¹	☐ Yes (+129.00)	☐ No (+0.00)
TAX-EXEMPT? ²	☐ Yes	☐ No

*REQUIRED FIELD

¹ OUR PRODUCTS ARE VERY STOUT AND CAN WEIGH 100 TO 500LBS. IF THE SHIPPING ADDRESS DOES NOT HAVE THE MEANS TO UNLOAD OUR PRODUCTS FROM A STANDARD FREIGHT CARRIER, PLEASE CHOOSE THE LIFTGATE OPTION FOR FAST AND EASY UNLOADING!

² IF YES, PLEASE FORWARD A COPY OF YOUR CURRENT TAX-EXEMPT CERTIFICATE; OTHERWISE, TAXES WILL BE APPLIED ON FINAL STATEMENT.

Your Order

QUANTITY*	PRODUCT + OPTIONS*	COLOR*	PRICE	SUBTOTAL
		Light Blue		
		Light Blue		
		Light Blue		
		Light Blue		
		Light Blue		
		Light Blue		
		Light Blue		
		Light Blue		
				Subtotal
				Tax
				TOTAL

NOTES / COMMENTS