



Distributor Order Form

Date:

Distributor Name:
Distributor Address:

Distributor Contact:
Distributor PO #:
Telephone Number:

Ship To Name:
Ship To Address:

Ship To Contact:
Ship To PO #:
Telephone Number:

Shipping Method:
(if you do not specify, we will ship our best way prepaid & added to your invoice):

Freight Terms: Collect Third Party

Do you have bid pricing on this order?

Item (be sure to list color & size)	Quantity	Price Per Mat
-------------------------------------	----------	---------------

Any other special instructions or services required (ie: liftgate at delivery or inside delivery; Next Day or 2nd Day Air, etc)?