DWG International™

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Print clearly

DATE _____

SALES TAX# _____

P.O. NUMBER _____

SOLD TO:

DISTRIBUTOR PIN# _____

NAME_____

COMPANY (If applicable) _____

STREET_____

CITY_____ STATE/PROVINCE_____

ZIP/POSTAL CODE _____ COUNTRY_____

TELEPHONE NUMBER ( ) _____

VOICE MAIL NUMBER ( ) _____

SHIP TO: (If different from above): PIN# _____

NAME_____

COMPANY (If applicable) _____

STREET **(Not a PO box)** _____

CITY_____ STATE/PROVINCE_____

ZIP/POSTAL CODE _____ TEL ( ) _____

PAYMENT: ❑ CASH ❑ CHECK #: _____

CREDIT CARD: ❑ MC ❑ VISA ❑ DISC ❑ AMEX

NAME ON CARD _____

CARD#_____

EXP DATE _____

SIGNATURE **x**_____

I certify that I have sold or personally used 70% of all previously ordered products. I certify that I have made 5 retail sales to 5 different customers in the last 30 days. I will maintain detailed records of these sales, and upon request, submit said records to the company. Everything contained in this purchase order is true and correct.

SIGNATURE X _____

QTY	ITEM CODE/ BRIEF DESCRIPTION	SUG. RETAIL	DIST. PRICE	S/ H

SUBTOTAL:	
SHIPPING & HANDLING:	
SALES TAX OR GST: (WHERE APPLICABLE)	
TOTAL DUE:	

Revised 4-22-03