



DELIVERING A DIFFERENCE

DATE: _____ SALESPERSON: _____

COMPANY NAME (if applicable): _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON FOR ORDERING: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____ CELL: _____

CONTACT PERSON FOR BILLING: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____ CELL: _____

IF A BUSINESS, ARE YOU TAX EXEMPT? YES NO (if Tax Exempt, you are required to submit your Exemption Certificate to avoid being charged sales tax)

ARE PURCHASE ORDERES REQUIRED? YES NO

Please click here to review our Standard Conditions of Sale or to apply for terms: [Credit Application](#)

I acknowledge and accept the Standard Conditions of Sale located on the Credit Application.

I understand my account is COD (Payment terms are 50% with order, and balance due prior to delivery) unless I have been approved for credit terms.

Business Name

Owner, Officer or Authorized Agent

Payment Options we accept:

[Credit Card](#) (3% Processing Fee), [Electronic Funds Transfer \(EFT\)](#) (no fees), Checks or ACH

Please contact our Accounting Department at ar@robpri.com for more information.