

ORDER FORM

PRINT CLEARLY

DATE ____/____/____



Promotional Advertising Specialties
4236 Grissom Drive Batavia, OH 45103-1696

Phone 513.732.6400

800.642.9790

Fax 513.732.1753

800.322.6000

DO NOT WRITE HERE

BILL TO Credit Card Holder Billing Address Check here if new address

Co./Name: _____
Attn.To: _____
Address _____
City _____ State _____ Zip _____
Customer Phone _____ Fax _____

SHIP TO: Complete ONLY if different from Bill To information Check here if new address

Co./Name: _____
Attn To: _____
Address _____
City _____ State _____ Zip _____
Customer Purchase Order # _____

DEALER Kendrick Rhodes Dealer ID # 86166
Address 26 Goodwin Circle
City / State Sacramento, CA Zip Code 95823
Email Address krcorp@krcorp.net www.krcorp.net
Phone 916.481.2552 / 877.874.3532 Fax 1.866.388.1728

BILLING INFORMATION

K&B Open Account Rated in D&B Credit Application on reverse
 Invoice Account with 50% Deposit to K&B Required
 Prepayment to Kaeser & Blair in full Check # _____
 Prepayment by Credit Card Dealer Ck. Customer Ck.
Cardholder's Name _____
Cardholder's Phone _____
Card No. _____ Exp. Date ____ / ____
CVW Number - Required _____ For instructions see back of this form



*Cardholder's billing address should be filled in above left.

WARNING: Do not FAX or Email this order if it contains new artwork or a check. If this order is to be faxed, do not mail a confirming order. **K&B is not responsible for duplicate orders submitted by fax, mail and email.**

CATALOG FROM WHICH THE ITEM WAS SOLD _____

CATALOG ASI # _____ CATALOG PAGE # _____

Qty	Product Number	Name of Product	DETAILS OF SALE	Extended Price	K & B ONLY
			Selling Price Each		
Detail of Extra Charges, if any.			Total Extra Charges, if any		
	Description of Charge	\$ Amount	Sales Tax <input type="checkbox"/> Exempt		
	Description of Charge	\$ Amount	If exempt, complete form on reverse		
	Description of Charge	\$ Amount	Transportation Charges* (Est)		
	Description of Charge	\$ Amount	TOTAL		
	Description of Charge	\$ Amount	Deposit to Dealer		
	Description of Charge	\$ Amount	Deposit to Company, if any		

Special This is exact repeat of previous K&B order # _____
Instructions Refer to last K&B order number _____ with noted changes.

ITEM COLOR _____

IMPRINT COLOR _____

IMPRINT LOCATION _____

Fine Pt. Trim Color _____ **WEARABLES** _____ S _____ XL
 Med. Pt. Barrel Color _____ _____ M _____ XXL
Refill Color _____ _____ L

***SPECIFY SHIPPING METHOD:** Customer is responsible for all freight, handling and expediting charges and will automatically be invoiced by Kaeser & Blair for the method authorized below. When prepaying order, be sure to estimate and include freight with payment.

1 Day / Red 3 Day / Orange 2 Day / Blue Ground / 5+ Days
 Other _____

***SPECIFY SHIPPING DATE:**
We will ship your order ASAP unless otherwise noted. Allow 1-3 days for K&B to process order in addition to in-factory production time.

Ship on or before DATE _____	Product for EVENT Customer will not accept order after _____ <input type="checkbox"/> Customer will pay overnight charges if necessary	Product for FUTURE USE DO NOT SHIP B-4 _____
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Art emailed: artdept@kaeser-blair.com Factory
Date ____/____/____ **IMPORTANT:** Include print out of emailed art file when faxing or mailing order.

COPY WANTED - PLEASE PRINT CLEARLY. Attach additional sheet if necessary.
WE RESERVE THE RIGHT TO RE-ARRANGE COPY FOR BEST IMPRINT

SPECIAL INSTRUCTIONS

I have read and approve the above Order, Price and Copy and agree to the terms on the back of my copy. I further agree to pay, on demand all costs and reasonable attorney fees which Kaeser & Blair may incur in the enforcement of this contract. All past due sums under the contract shall bear interest from the 30th day after the invoice date until paid at a rate of 18% per annum. No verbal agreements recognized.

I hereby approve the terms of this contract, please charge the balance due to my charge card, to prepay my custom order.

Customer / Card Holder Authorized Signature _____ Date _____
ALL CHECKS AND PURCHASE ORDERS MUST BE MADE PAYABLE TO KAESER & BLAIR INC.
We accept no responsibility for checks made payable to our dealers or any other payee. There is a \$25.00 service charge on all returned checks.

Dear Dealer: Save time and help your customer! Please have them complete the following information to establish your customer with a Kaeser & Blair open account. All information is required. All references are check by telephone or fax within 24 hours. If there are any questions or problems, you will be notified immediately

Kendrick Rhodes DEALER # 86166

Credit Application

Business Name _____	Years In Business _____
Street Address _____	Phone # _____
_____	Fax # _____
City _____ State _____	Zip _____
Name of Owner/Officer _____	Phone # _____
SSN _____	Federal ID # _____

Bank Name _____	Phone # _____
Address _____	Fax # _____
City _____ ST _____	Zip Code _____
Bank Officer Name _____	Account No. _____

Trade References (do not list banks or credit card companies)

Name _____	Phone # _____
Address _____	Fax # _____

City _____ State _____	Zip _____
How Long have you done business _____	with this comp any? _____
Name _____	Phone # _____
Address _____	Fax # _____

City _____ State _____	Zip _____
How Long have you done business _____	with this comp any? _____
Name _____	Phone # _____
Address _____	Fax # _____

City _____ State _____	Zip _____
How Long have you done business _____	with this comp any? _____

Uniform Sales & Use Tax Certificate

Issued to Seller Kaeser & Blair, Inc.
Address: 4236 Grissom Drive, Batavia, OH 45103

I certify that: _____ is engaged as a registered

Name of Firm (Buyer) _____ Wholesaler _____
Address _____ Retailer _____
_____ Manufacturer _____
_____ Seller _____
Lessor _____
Other _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General Description of tangible property or taxable service to be purchased from the seller:

State	State Registration/Seller's Permit #	State	State Registration/Seller's Permit #
_____	_____	_____	_____
_____	_____	_____	_____

I further certify that if any property or service so purchased tax free is consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to _____ the proper taxing authority when state law so provides to inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature _____

Title _____

Date _____