

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 Check here if new address
from Bill To information

Co./Name: _____

Attn To: _____

Address _____

City _____ State _____ Zip _____

Customer Purchase Order # _____

DEALER KENDRICK RHODES CORP. Dealer ID # 0086166

Address **3117 EL CAMINO AVENUE**

City / State **SACRAMENTO, CA** Zip Code **95821**

Email Address **krcorp@krcorp.net**

Phone **916-481-2552 1-877-874-3532** Fax **916-488-3311**

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 # _____

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.



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 _____

Med. Pt. Barrel Color _____

Refill Color _____

WEARABLES

_____ S _____ XL

_____ M _____ XXL

_____ 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

Customer will pay overnight charges if necessary

Product for **FUTURE USE**
DO NOT SHIP B-4

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 I Please have them complete the following information to establish your customer with a Kaeser & Blair open account. All information is required. All references are checked by telephone or fax within 24 ours. If there are any questions or problems, you will be notified immediately.

CREDIT APPLICATION

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

Bank Name _____ Phone # _____ Fax # _____
 Address _____
 City _____ State _____ Zip _____
 Bank Officer Name _____ Acct. # _____

Dade References (do not list banks or credit card companies.)

Name _____
 Phone # _____ Fax # _____
 Street Address _____

 City _____ State _____ Zip _____
 How long have you done business with this company? _____
Name _____
 Phone # _____ Fax # _____
 Street Address _____

 City _____ State _____ Zip _____
 How long have you done business with this company? _____

Name _____
 Phone # _____ Fax # _____
 Street Address _____

 City _____ State _____ Zip _____
 How long have you done business with this company? _____

UNIFORM SALES & USE TAX CERTIFICATE

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

I certify that: _____ is engaged as a registered
 Name of Firm/Buyer _____ Wholesaler _____
 Address _____ Seller _____
 _____ Retailer _____
 _____ Lessor _____
 _____ Manufacturer _____
 _____ 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 _____