

			Order Form					
PO#	PO#: PO							
Buyer Name		Buyer Phone:			Buyer E-mail:			
Bill To	1			Ship To	Same as Bill	To? Yes:		
	-							
Billing Address1	:			Address1:				
Billing Address2	:			Address2:				
E-mail address for orde confirmation				E-mail address for invoice:			_	
Tax Exempt (Y/N)?:	No:				Product Application:			
	If yes, please provide tax	exempt certificate with Perma		Business Type:				
Shipping:	All orders for delivery within the U.S. will ship ground service via UPS prepay and add. If you have a preferred carrier, please indicate the carrier name and your account #. A packaging fee will be added to all freight collect or 3rd party billing (see fees below)				Business Category:			
Ship via:	UPS Acct#			Packaging Fees:	Purchase Amount	N. America	Outside N. America	
	FedX Acct#			_	\$0 - \$750	\$9	\$12	
	DHL Acct#			-	>\$750 - \$1,500	\$14	\$18	
	Other				>\$1,500 - \$5,000	\$21	\$27	
					>\$5,000 - \$10,000	\$31	\$36	
F.O.B.: Orig	gin; Ex-Works, Lakewood N.				>\$10,000	\$41	\$46	
Quantity	ltem#	Description	Unit Cost	Amount	Credit	Card Info Require	ed:	
					Credit card Numbe	r:		
					Expiration Date	e:		
					Security Code	e:		
					Name as it appears on th	Name as it appears on the card:		
			Total					
Required by Delivery Date	:				Billing address for credit	card :		
Please sub	mit your ord	er to: orders@	permapure	.com	City, State, Zip:			

Thank you for choosing Perma Pure, your humidity control experts!