

NAME: _____

AFFILIATION: (CIRCLE ONE) FRIEND FAMILY TEAM INDUSTRY OTHER
IF OTHER: _____
IF RETAILER EMPLOYEE: _____
 (ENTER STORE NAME)

USE: (CIRCLE ONE) MARKETING SALES PERSONAL OTHER
IF OTHER: _____

DISCOUNT: (CIRCLE ONE) WHOLESALE 10% BELOW 20% BELOW
IF OTHER: _____

SHIPPING ADDRESS:
FIRST NAME: _____
LAST NAME: _____
ADDRESS: _____
CITY: _____
ZIP: _____
PHONE: _____

BILLING ADDRESS:
FIRST NAME: _____
LAST NAME: _____
ADDRESS: _____
CITY: _____
ZIP: _____
PHONE: _____

PAYMENT INFO
NAME: _____ **CARD TYPE:** (CIRCLE ONE)
CARD NUMBER: _____ VISA MASTER CARD AMEX
EXPIRATION DATE: (MM/YY) _____

STYLES REQUESTED

STYLE #	COLOR	DESCRIPTION

EMAIL CONFIRMATION
 ENTER YOUR EMAIL TO RECEIVE A CONFIRMATION FOR YOUR ORDER:
 EMAIL: _____

APPLICANT SIGNATURE: _____
ERGO REP SIGNATURE: _____