

Shipping

Billing

 Check if same as shipping address

Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	

Accounts Payable Contact

Name	Email
Phone	Fax

Requested payment terms (please select one): Net 30* COD* Credit Card Prepaid

**Credit references are requested for Net 30 or COD terms. Payment terms granted are based upon credit worthiness.*

Would you like your invoices to be emailed? YES NO

Is there an email address you'd like your order confirmations to be sent? _____

Is there an email address you'd like tracking information to be sent? _____

Trade References

Company Name	Fax
Company Name	Fax
Company Name	Fax

What is your company's tax status?

Please note Poly Furniture USA does not need a copy of your company's W-9

- Taxable on all orders
- Tax exempt on all orders (tax exemption or resale certificate required)
- Tax exempt on some orders (tax exemption or resale certificate required)

What is your company's Dun and Brandstreet Number? _____

**We certify that the above information is true and correct. We agree to pay this account in accordance with the credit terms established above. We authorize Poly Furniture USA to verify this information and/or obtain additional information by securing data from a credit agency.*

Signature	Date
Printed Name	Title

IMPORTANT. If you complete this form and return it to KeyStone Poly Furniture with your credit references attached, you must still sign above.

Please complete and email to sales@keystonepoly.com
Contact Us At: 717-875-2610