



U.S. Distributor Purchase Order Form

Please make a copy of this original and retain it for future use. Fill out the copy and mail it to the address listed below or fax it to 801.409.8079

[FORM 102 US]

Distributor Information

month day year

Date: / /

last name (please print)	first name	middle initial	business name (if applicable)	SISEL ID #
address (street)		city	state	zip
phone	fax	mobile (not required)	email address	

Purchase Order

code #	description	size	quantity	retail price	retail total

Quantity TOTAL

Subtotal

Sales Tax

Shipping

TOTAL

Make this order an Automatic Purchase (AP) each month.

Make this order a one-time purchase only.

Purchase Order

code #	description	size	quantity	retail price	retail total

Payment Information

I understand that this purchase does not qualify me as a SISEL™ Distributor and that in order to become a Distributor I must apply by submitting a properly completed Distributor Application and Agreement Form (Form 101). I also understand that if for any reason my products arrive in unsatisfactory condition, I will alert the carrier immediately and notify SISEL'S Customer Service Department within 7 days. All purchases are subject to local sales tax in your region.

NOTICE TO BUYER: You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	credit card number	expiration date	CCV#
name as shown on card		signature of cardholder (required)	

<input type="checkbox"/> ACH (Complete FORM 104)	<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> MONEY ORDER	amount remitted
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