

-New Customer Information Sheet-

Company Name:				
DBA:				
Owner's Name:				
Owner's Email Address:				
Business Type: Corporation	Partnership	Sole Proprieto	or Year Established	
Federal ID # Phone:		State Tax ID #		_
				-
Does your delivery location have If neither, will you need the drive	_		•	Neitl
Shipping Address:		Billing Address:		
Phone:		Phone:		
Fax:		Fax:		-
Physical Address (if different	from Shipping/	Billing Address)	:	
		Same as:	Billing Address	
			Shipping Address	
	Buy	er's Informatior	ı	
Name:			-	
Phone:		Fax:		
Email Address:				
	<u>A</u> /	<u>P Information</u>		
Name:				
Phone:		Fax:		
Fmail Address:				



Customer Acct #

Get Your Cray On! Toys

P.O. Box 711 New Albany, IN 47151 812-941-5911 812-941-5920 (fax)



Total to be Charged

**** Please return immediately to prevent any delay in the processing of your order. ****

Thank you for your recent order. Please mark which situation applies to your order and fill in the information below authorizing us to charge your credit card and process your order.

information below a	utilorizing us to charge you	our credit card and process your order			
Account Name					
Order over \$500	Private Label	Other			
New Customer If	yes, please provide your S	State Sales Tax ID #			
Type of Card (circle one)	Visa or MasterCa	ard			
Card Number					
Expiration Date					
Name on Card					
Billing Address for Credit Ca	ırd				
City		State Zip			
Please read the following and	d sign below:				
at the time the order is tall requests may take, my order production. If shipping charges additional shipping charges that there will be a 3% cred	ken. I understand that due er will ship within 7 to 12 b arges apply, I understand t s, if necessary, will be char it card processing fee adde	erstand that my credit card will be charted to the length of time that these special business days from the time it goes to that the below charges are an estimate reged at the time of shipment. I understed to my order and is shown below, if On! Toys to charge my credit card.	ial o e and stand		
Signature	_	Date			
Printed Name		Title			
FOR OFFICE USE ONLY					
Sales Order #	Order Total	Estimated Freight			
Sales Ofuel #		Louinted Height			

3% Proc. Fee