



SUPPLIES - FURNITURE - MACHINES

E-commerce Request Form

*****Please Print*****

Company Name: _____

First Name: _____

Last Name: _____

Phone Number/Extension: _____

User Email Address: _____

User Login Name: _____
(Must be at least 4 characters and no spaces. This is case sensitive.)

User Password: _____
(Must be at least 6 characters and no spaces. This is case sensitive.)

Purchase Order Required: ___Yes ___No
***Please let us know if you are required to submit a purchase order when placing orders.*

Do You Require Orders To Be Approved: ___Yes ___No

If yes: Approver Name _____

Approver Login Name: _____
(Must be at least 4 characters and no spaces. This is case sensitive.)

Approver Password: _____
(Must be at least 6 characters and no spaces. This is case sensitive.)

Approver Email Address: _____

Questions/Comments:

Please fax completed form to Stacy at (920) 684-3699.

Please call Stacy at (920) 684-3671 with any questions. Thank you!