

PURCHASE ORDER INFORMATION

Please fill in the requested information and send via email along with **pictures of the ceiling** and the **Tax Exemption Certificate**.

Project Information

Date	Expected Delivery Date	OP #
Project		

Acknowledgment Information

Contact Name	Contact Phone Number
Contact Email	

Invoicing Information (only for first time customers)

Company Name	Tax ID
Address	
Contact Name	Contact Phone Number
Contact Email	

Delivery Information

Contact Name	Contact Phone Number
Contact Email	
Address	
Is it a commercial, residential, or industrial area?	
Loading dock available?	Forklift available?

Installation Address (for glass delivery purposes)

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Client Name and Signature