



INTAPOL INDUSTRIES

# ORDER BLANK

77 AMITY STREET  
JERSEY CITY, NJ 07304  
TEL # (800) 631-0480  
(201) 432-5555  
FAX # (800) 971-3444  
(201) 432-5768

**DOMESTIC SALES**  
TOLL FREE PHONE  
1-800-631-0480  
TOLL FREE FAX  
1-800-971-3444

**EXPORT SALES**  
PHONE  
201-432-5555  
FAX  
201-432-5768

### 1 SOLD TO:

COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TEL. \_\_\_\_\_ FAX \_\_\_\_\_

### 2 SHIP TO:

COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_

### 3 METHOD OF PAYMENT

CHECK or MONEY ORDER

OR

PURCHASE ORDER # \_\_\_\_\_

CHARGE TO MY

Mastercard

Visa

American Express

Account # \_\_\_\_\_

Card #

\_\_\_\_\_

Exp. Date

\_\_\_\_

Card Holders Signature \_\_\_\_\_

### 4 ORDER

Style No.	Color Choice	Size	Qty.	Item Description	Price Each Oversize Additional	Total Price
1						
2						
3						
4						
5						
6						
7						
8						

### EMBLEM LOCATION

Left Shoulder

Left Breast

Left & Right Shoulder

Other \_\_\_\_\_

### COMPANY EMBLEMS

Send us your existing emblem, artwork or idea for a price quote. Normal

manufacturing time is 5 weeks.

**NEXT DAY AND 2ND DAY**

**SHIPPING CHARGES ADDITIONAL**

VALUE OF ORDER	CHARGE	TOTAL
0 TO \$50.00	\$7.00	
50 TO \$100.00	9.00	FREIGHT & HANDLING
100 TO \$200.00	10.50	
200 TO \$300.00	12.00	
300 PLUS	4%	GRAND TOTAL

### RETURN POLICY

1. Request an "RAF" (Return Authorization Form) from our office.
2. Return RAF with shipment and put RAF # on outside of carton.
3. INTAPOL will exchange, replace or refund your order as per your instructions.

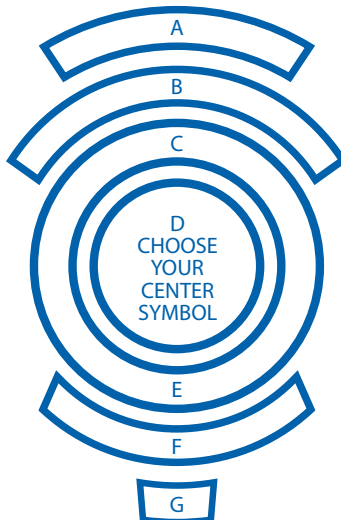
### TERMS OF SALE

Domestic

1. Visa, Mastercard or American Express.
2. Net 30 days to well rated Dunn & Bradstreet Corporations and institutional or government purchase orders.

Export

1. Irrevocable Letter of Credit at sight payable in U.S. dollars at our New York bank.
2. Wire Transfer of funds into our New York bank.
3. American Express or Visa credit cards F.O.B. our plant Jersey City, N.J. U.S.A.



BADGE MODEL # \_\_\_\_\_ QTY. \_\_\_\_\_

(fill in only those panels which apply)

A. Xtra Top Panel \_\_\_\_\_

B. Top Ribbon \_\_\_\_\_

C. Top Circle \_\_\_\_\_

D. State or Center No. \_\_\_\_\_

Plain  Blue Enamel Border  Multi Color

Plain No Border  Blue, No Border

•Metal Finish:  Nickel  Gold

•Engraving Color:  Blue  Black

•Attachment:  Pin & Safety  Screw/Post

Wallet Clip

E. Bottom Circle \_\_\_\_\_

F. Bottom Tab/Panel \_\_\_\_\_

G. Xtra Bottom Tab/Panel \_\_\_\_\_



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# CREDIT APPLICATION

COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

(CORPORATION, PARTNERSHIP, PROPRIETORSHIP)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CREDIT LINE REQUESTED \_\_\_\_\_

ACCT. PAY CONTACT \_\_\_\_\_ NUMBER OF YRS IN BUSINESS \_\_\_\_\_

PAYMENT PERSONALLY GUARANTEED? \_\_\_\_\_ YES \_\_\_ NO  
BY \_\_\_\_\_ TITLE \_\_\_\_\_

NOTE: OPEN CREDIT GIVEN TO WELL RATED D&B COMPANIES  
AND GOVERNMENT INSTITUTIONS ONLY

## TRADE REFERENCES - (Fill in completely)

OFFICE USE ONLY \_\_\_\_\_

COMPANY _____	PHONE _____	DATE: _____
ADDRESS _____	FAX _____	CL\$ _____
_____	ACCT# _____	
COMPANY _____	PHONE _____	SIGN _____
ADDRESS _____	FAX _____	_____
_____	ACCT# _____	
COMPANY _____	PHONE _____	
ADDRESS _____	FAX _____	
_____	ACCT# _____	

**BANK REFERENCES** \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

## OWNERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## CREDIT CARD INFORMATION

When invoices are 30 days past due, the following credit card may be used to pay outstanding balance.

Circle one VISA MC AM EX

CC# \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

