

**A-Z OFFICE RESOURCE INC.**

**AUTHORIZATION FORM FOR PREPAID ORDERS**

BILL TO

SHIP TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

ZIP \_\_\_\_\_

Is your company tax exempt      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of your tax exempt form. This form must be completely filled out and signed by the proper authority.

Company Purchaser \_\_\_\_\_

**CREDIT TERMS**

Payments are to be made by Credit Card at the time the order is placed. If the credit card is declined for any reason A- Z Office Resource Inc. reserves the right to refuse shipment of merchandise until card is approved or other credit terms are negotiated.

Signature \_\_\_\_\_ Date \_\_\_\_\_