DWG International™

P.O. BOX 98867
Las Vegas, Nevada 89193-8867
TEL: (702) 262-5555 Fax: (702) 262-5550

www.dwginternational.com

Print clearly

DATE _____

SALES TAX# _____

P.O. NUMBER _____

SOLD TO:

DISTRIBUTOR PIN# _____

NAME_____

COMPANY (If applicable) _____

STREET_____

CITY_____ STATE/PROVINCE_____

ZIP/POSTAL CODE _____ COUNTRY_____

TELEPHONE NUMBER ( ) _____

VOICE MAIL NUMBER ( ) _____

SHIP TO: (If different from above): PIN# _____

NAME_____

COMPANY (If applicable) _____

STREET **(Not a PO Box)** _____

CITY_____ STATE/PROVINCE_____

ZIP/POSTAL CODE_____ TEL ( ) _____

PAYMENT: ❑ CASH ❑ CHECK #: _____

CREDIT CARD: ❑ MC ❑ VISA ❑ DISC ❑ AMEX

NAME ON CARD _____

CARD#_____

EXP DATE _____

SIGNATURE **x** _____

I certify that I have sold or personally used 70% of all previously ordered products. I certify that I have made 5 retail sales to 5 different customers in the last 30 days. I will maintain detailed records of these sales, and upon request, submit said records to the company. Everything contained in this purchase order is true and correct.

SIGNATURE X _____

Revised 1-30-06

QTY	ITEM CODE/ BRIEF DESCRIPTION	SUG. RETAIL	DIST. PRICE	S/ H

SUBTOTAL:	
SHIPPING/HANDLING	
SALES TAX OR GST: (WHERE APPLICABLE)	
TOTAL DUE:	