

*Must be completed in full and faxed no later than 2:00pm (EST) for same day shipping.
Fax to (352) 742-2211 ATTN: Technical Services Department.

LOCATION INFORMATION

LOCATION DBA NAME: _____ PHONE #: _____ FAX #: _____

LOCATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MANAGERS NAME: _____

SUPPLIES REQUESTED

Please place a check mark in the designated box for the requested supply item needed.
Indicate the quantity needed in the adjacent line.



| <u>SUPPLY ITEM DESCRIPTION</u> | <u>QUANTITY</u> |
|--|-----------------|
| <input type="checkbox"/> RECEIPT PAPER | _____ |
| <input type="checkbox"/> JOURNAL PAPER | _____ |
| <input type="checkbox"/> RECEIPT RIBBON | _____ |
| <input type="checkbox"/> JOURNAL RIBBON | _____ |
| <input type="checkbox"/> OTHER (PLEASE DESCRIBE BELOW) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SHIPPING ADDRESS (IF DIFFERENT THAN ABOVE.)

SHIPPING NAME: _____ PHONE #: _____ FAX #: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ATTN: _____

SPECIAL SHIPPING INSTRUCTIONS: _____

I hereby authorize AmericaOne, Inc. to deduct the total amount of the above listed items ordered, plus all shipping expense, from my monthly residual check.

MERCHANT SIGNATURE

DATE