

Date: _____

To: National Sales Corporation
6250 S Boyle Ave
Vernon, CA 90058
Tel (323) 586-0200
Fax (323) 586-8639

Re: Bill To / Ship To

Attn: Accounts Receivable

I, Owner and/or Authorized Personnel @ _____,

Authorize National Sales Corporation BILL ACCOUNT # : _____

Store Name: _____

Address: _____

City, State, Zip: _____

Phone Number : _____

FOR ANY AND ALL ORDERS SHIPPED TO:

Store Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

As of (date): _____

Thank you,

Sincerely,

SIGNATURE OF OWNER/AUTHORIZE PERSONNEL

PRINT NAME & TITLE