

6c. ORDERING INSTRUCTIONS

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(VENDOR NAME)

ALL ORDERS SHOULD BE DIRECTED TO: _____

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: _____

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: _____

VENDOR NAME: _____

STREET ADDRESS OR P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

CONTACT PERSON: _____

PHONE #: _____ TOLL FREE#: _____ FAX#: _____

E-MAIL ADDRESS: _____

HOME PAGE ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

PHONE#: _____ CELL#: _____ PAGER#: _____

DISASTER SERVICE CONTACT PERSON: _____

HOME ADDRESS: _____

HOME PHONE#: _____ CELL#: _____ PAGER#: _____

TERMS OF PAYMENT: NET 30 DAYS _____ 2% 10th PROX _____

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: _____ Yes _____ No

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: _____ Yes _____ No