



BILL TO

Customer # _____

Organization Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Invoice? Email Address _____

Purchase Order # _____

Tax Exempt # _____ Certificate Attached

Enclose additional Order Forms Enclose New Catalog

SHIP TO

Same as BILL TO

Organization Name _____

Contact Name _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact Email Address _____

Shipping Information Required

Open Days: MON TUES WED THURS FRI

Open Hours: _____

Days/Times Not Available for Delivery: _____

Special Delivery Instructions: _____

Pick Up Order (We will contact you when ready).

ITEM NUMBER	QUANTITY ORDERED	ITEM DESCRIPTION	ITEM PRICE	TOTAL PRICE

ORDER SUBMISSION
 Please complete form and email to:
jenny@ivclub.com

Total this Page	
Total Page 2	
Total Page 3	
Total Page 4	
Shipping if Applicable	
SUBTOTAL	

This order does not include any element of tax.
 Applicable tax will be calculated and added.