

AEDSuperstore®

SEND ORDER TO:

Allied 100, LLC
1800 US Hwy 51 N
Woodruff, WI 54568

877-233-7828

Fax: 888-364-2377
info@aed.com
www.aedsuperstore.com

For office use only

BILL TO: _____
NAME: _____
BILLING ADDRESS: _____

CITY: _____
STATE: _____ ZIP: _____
PHONE: (_____) _____
EMAIL: _____

SHIP TO: _____

STREET ADDRESS: _____

CITY: _____
STATE: _____ ZIP: _____
PHONE: (_____) _____

NOTE: With rural route numbers, please give complete address and nearest crossroads to aid the shipper.

Billing Preferences:

- CHECK ENCLOSED
 CREDIT CARD ORDER
 PURCHASE ORDER NUMBER _____



Visa



MasterCard



Discover



American Express

ACCOUNT NUMBER

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CARDHOLDER NAME _____

EXP DATE _____

CARDHOLDER ADDRESS _____

Credit Terms = Net 30 Days

Note: If using a PO, please fax us a copy of the PO with three credit references (vendor fax numbers required)

PLEASE SPECIFY: ITEM NUMBER, QUANTITY, DESCRIPTION, COLOR & SIZE IF APPLICABLE.
WHEN STATING "QUANTITY", PLEASE CONFORM TO OUR UNIT PACKAGING. EXAMPLE: IF OUR WEB SITE SAYS "ONE DOZEN", ORDER ONE DOZEN (NOT 12 UNITS)

ITEM #	QTY	DESCRIPTION	SIZE/COLOR	UNIT PRICE	TOTAL
<i>*WI RESIDENTS ADD 5.5% SALES TAX</i>				SUBTOTAL	
SIGNATURE _____ DATE ____/____/____				SHIPPING	
THANK YOU FOR YOUR ORDER!				SALES TAX* <small>(IF APPLICABLE)</small>	
				TOTAL	