



AUTHORIZATION REQUEST FOR VERBAL PURCHASE ORDER

Date _____ Customer Account # _____

Requester Name _____ Company Name _____

Billing Address _____

A/P Contact _____ A/P Phone # _____

Purchasing Phone # _____ Fax # _____

Authorized Purchasers

Purchase Order Type to be used (check one)

WarmlyYours default Sequential Number Prefix with sequential number

Other (must be specific) _____

- 1) Customer must be approved for terms with an available balance.
- 2) Verbal purchase orders will only be accepted from individuals listed above.
- 3) Customer must inform WarmlyYours when authorized purchasers are added or deleted.
- 4) All verbal purchase orders are subject to WarmlyYours "Net 30" day terms policy.
- 5) Any problems resulting from the use of verbal purchase orders will cause this privilege to be revoked.
- 6) This agreement must be signed and accepted by the customers Purchasing Manager and Accounts Payable Manager.

By signing this, I understand and agree to the above policies:

Purchasing Manager _____ Print Name _____

Accounts Payable Manager _____ Print Name _____