INNOVATIVE
TILE SYSTEMS

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PRODUCT ORDER FORM

Order Date: _____

Desired Delivery Date: _____

Client PO#: _____

Bill To:

Company Name _____
Contact Name _____
Street Address _____
Address 2 _____
City, ST ZIP Code _____
Phone number _____
Fax number _____

Ship To:

☐ Same as billing address

Company Name _____
Contact Name _____
Street Address _____
Address 2 _____
City, ST ZIP Code _____

Qty	Unit of Measure	Product ID	Description	Unit Price	Total

Order Comments and Special Requests:

Subtotal	
Shipping	
Subtotal	
MN Sales tax	
Total	

1. Completely fill out all billing and shipping information.
2. Fax or mail this form to us. Time of order fulfillment may vary with each order.
3. Credit terms will vary. Invoices will be sent at time of delivery.
4. MN Resellers: please include a Certificate of Exemption (ST3) with your order form.

Thank you for your business!