

Retail Order Form



- Ways to order: 1) Fax/mail this form
 2) Phone
 3) On-line at www.picopad.com

| Billing | | Shipping <input type="checkbox"/> same as Billing | |
|---------------|-------------|---|-------------|
| Company Name: | | Company Name: | |
| Name: | Date: | Name: | Date: |
| Address: | | Address: | |
| City: | State: Zip: | City: | State: Zip: |
| Phone: | Fax: | Phone: | Fax: |
| Email: | | | |

| Pre-Payment | |
|-------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express |
| Credit Card #: | Expiration Date: |
| Name on Card (please print): | |
| Cardholder's Signature: | |

| Credit (must have prior approved application on file) | |
|---|--|
| P.O. #: | |
| Signature: | |

| Order | | | |
|---|-----|----------|----------------|
| Item | QTY | Price Ea | Price Extended |
| PicoPad Wallet Notes- Assorted Colors (30/box) | | \$ | \$ |
| PicoPad Refill Notes- Blue (packs of 4, 20 packs/box) | | \$ | \$ |
| POP Display- Acrylic | | \$ | \$ |
| | | Total: | \$ |



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