



CUSTOMER INFORMATION

Name: \_\_\_\_\_
Title: \_\_\_\_\_
Business Name: \_\_\_\_\_

Telephone: \_\_\_\_\_
Cell: \_\_\_\_\_
Email: \_\_\_\_\_

ORDER FORM

Table with 4 columns: ITEM, QTY, COST PER UNIT, PRODUCT COST. Rows include Eco-Grip Commercial Floor Cleaner, Squeegee & Handle, Foam Gun for Cleaning, Deck Brush & Handle, Industrial Hot Water Hose, and Complete Cleaning Kit.

SHIPPING
Please provide your FedEx/UPS Account number for ground shipping cost
FedEx: \_\_\_\_\_
UPS: \_\_\_\_\_
(UPS not available to ship cleaner)

Initiate automatic delivery of Eco-Grip Commercial Floor Cleaner? [ ] YES [ ] NO

Quantity: \_\_\_\_\_ cases (4 gallons) @ \$68 (plus shipping and handling) delivered every \_\_\_\_\_ months

Method of Payment

[ ] Check enclosed [ ] Credit Card

Billing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address

[ ] Same as billing address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CREDIT CARD [ ] Visa [ ] Mastercard [ ] Discover

[ ] Amex [ ] Paypal

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CW (3 digit number on back of card): \_\_\_\_\_ Zip Code: \_\_\_\_\_

I \_\_\_\_\_ authorize Allied Industries International Inc. to charge my bank account or credit card for the number of gallons of Eco-Grip Commercial Cleaner at the interval in months indicated above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail or Fax

Allied Industries International – 3013 Bank Street- Charlotte, NC 28203

Completed Form:

Attn: Kara Sheaffer

Fax: 704-522-0598

karasheaffer@eco-gripfloor.com

800-767-5754

I understand that this authorization will remain in effect until I cancel it in writing. Further, I agree to notify Allied Industries International Inc. of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If payment dates fall on a weekend or holiday, I understand that payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions these funds may be withdrawn from my account as soon as the above noted periodic transactions dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Allied Industries International Inc. may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S.law. I certify that I am an authorized user of the credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.