PowerProducts™
A MISSION CRITICAL ELECTRONICS BRAND

CUSTOMER REQUIREMENTS FORM

CUSTOMER NAME	CUSTOMER EMAIL ADDRESS *For shipping confirmation.*

CUSTOMER CONTACT *Primary contact.*	EMAIL ADDRESS *For primary contact.*	TELEPHONE

CUSTOMER CONTACT *Invoices / payment.*	EMAIL ADDRESS *For emailed invoices.*	TELEPHONE

BILL TO ADDRESS	SHIP TO ADDRESS *Write same if no change from billing.*
STREET:	STREET:
PO BOX:	LINE 2:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
CONTACT:	ATTENTION:

HOW SHOULD A BACKORDER BE HANDLED?
☐ SHIP ALL ORDERS COMPLETE ☐ PARTIAL SHIPMENT ACCEPTED ☐ CANCEL ANY BACKORDERED ITEM *Our standard practice is to contact customers when an order will not be shipped complete.*

PLEASE PROVIDE DETAILS FOR ANY SPECIAL CARTON LABELING, BILLING, OR SHIPPING REQUIREMENTS

BATTERY LABELING
☐ APPLY PRIVATE LABEL AS APPROVED BY OUR COMPANY ☐ APPLY POWER PRODUCTS LABEL

---------- **THIS SECTION TO BE COMPLETED BY POWER PRODUCTS** ----------

PPU SALES CONSULTANT	CUST TYPE	REP CODE	DATE RECEIVED	APPROVALS *Initials.*

PRICE LEVEL / SPECIAL PRICING / DATES EFFECTIVE	
CONTRACT NUMBER / DATES EFFECTIVE	
PAYMENT TERMS	
FREIGHT TERMS	
OTHER REQUIREMENTS	
CHECK OTHER FORMS RECEIVED	☐ CREDIT APPLICATION ☐ RESALE CERTIFICATE ☐ CREDIT CARD AUTHORIZATION FORM