Call 1-800-876-2770 • Fax 1-800-368-2585 Monday - Friday, 8:00 AM - 5:00 PM EST (Fax 24 Hours)



## 44 Railroad Avenue West Haven, CT 06516

## www.napspolybag.com

BILL TO:	SHIP TO: (if different from billing)					
Company Name:	Company Name:					
Address: Apt./Suite:		Address: Apt./Suite:				
City: State: ZIP:		City:	City: State: ZIP:			
Name: (please print)		Name: (please print)				
Title:		Title:				
Phone: Fax:		Phone:	Phone: Fax:			
Email:		Email:				
Product #	Description		Quantity	Price Each	Total Price	
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Applicable shippii	Sub To	Sub Total				
* If sending a check,		* Freight Charges				
** NAPS Polybag will	**Tax					
Thank	Total					
PAYMENT METHOD:  Charge my credit card  Check or Money Order Enclosed  MasterCard  MasterCard  Wisa  MasterCard  Visa  MasterCard  Visa  American Express  Diners C  Card Number:						

Date:

Purchase Order Number:

Atlanta, Georgia • Boston, Massachusetts • Dallas, Texas • Indianapolis, Indiana • Reno, Nevada • West Haven, Connecticut

Signature:

Terms: Visa, MasterCard, American Express, Diners Club, checks, and money orders are gladly accepted. Net 30 days to all with approved credit. Instant credit to schools, hospitals, religious organizations, and government agencies. There is no minimum order. However, there is a \$10.00 small order fee. Shipping charges are not included in published price. Applicable freight charges will be added to your invoice. Orders are shipped UPS or "Common Carrier," whichever is least expensive. You may specify your own carrier, in which case we will ship freight collect. Prices are subject to change without notice. The pricing at www.napspolybag.com supercedes any published pricing. We have no control over the use of the products and consequently assume no liability for any loss, damage, or expense connected with their use or inability to be used. Before returning any items to NAPS PolyBag, you must first call customer service at 1-800-876-2770 to obtain a Return Material Authorization (RMA) number. Any items returned without an RMA number will be refused.



☐ Bill Company\*

(\*New customers must call to establish credit limit.)

Name on Card: