

EMPLOYEE STORE ORDER FORM

Please print this form and fill out completely. This form must be signed and dated and returned to the Employee Store. You must include the **agreement form** and ****payment** (payable to **Employee Store by August, Inc.**) with this form. Please retain a copy for your records and fax (credit/debit card orders only) to: 702-407-6040 or mail the **original** with payment (check or money order) to:

Employee Store by August, Inc.
Attn: Employee Store
One Harrah's Court
Las Vegas, NV 89119

Please allow 5-7 business days for order processing after receipt in our office. The Employee Store will send you an email confirmation once your order has been processed.

Email address:

Specify company and location you work for:

Item	Item Number	Qty	Price	Total

Add sales tax for your city/state if it was noted on your quote.

Add 18% to your order total for freight unless other terms were noted on your quote.

Warehouse handling fee as noted on your quote. If not noted, it is not due.

2.97% order processing fee for credit/debit as quoted (waived when paying cash or check)

Questions? Contact us at: storekeeper@employee-store.com

sales tax	\$
freight	\$
whse fee	\$
process fee	\$
TOTAL	\$

Check/Money Order Credit Card Debit Card

Credit/Debit # _____ - _____ - _____ - _____ Expiration Date ____ - ____ CVV ____

Employee Name (please print)

Employee Signature

Date