

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 August, Inc.) with this form. Please retain a copy for your records and fax (credit/debit card orders only) to: 702-263-9484 or mail the **original** with payment (check or payroll deduction form) to:

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

****If using payroll deduction we must have the original form. Faxed PD forms are **NOT** accepted.**

Please allow 5 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.	sales tax	\$
Add 18% to your order total for freight unless other terms were noted on your quote.	freight	\$
Warehouse handling fee as noted on your quote. If not noted, it is not due.	whse fee	\$
2.64% order processing fee for credit/debit as quoted (waived when paying cash/check/PD)	process fee	\$
Questions? Contact us at: storekeeper@employee-store.com	TOTAL	\$

Payroll Deduct		Check/Money Order		Credit/Debit Card	
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CC Account # _____ - _____ - _____ - _____	Expiration Date ____ - ____	CVV ____
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Employee Name (please print)	
Employee Signature	Date