EMPLOYEE PURCHASE FORM

Fax# 800 574-1952

employeesales@mohawkind.com

Please select one:

Re	quired	Price check only	Order	



Name:Address:		Indicate if for personal u	se or family mem	ber (Required)	
City:	Home or Cell Pho	State Zip	D. (E 1	a.	
Work Phone: Emp. I D: Relation of Family Member:	(Required)	ne:	Return E-mail (Required)	(F	
r	Varehouse:		_		
	City:		State Z		
		Phone:		(Required)	
MERCHANDISE:		Contact Name:		(Required	
Style number/name	2	Color:	Width: (Carpet only)	Quantity: LF SY SF Cartons (Select one)	
PAYMENT METHOD: (Complete only Check (\$25.00 Returned Check Fee) Credit Card: Name as it appears on care	Money Order				
••	Card Type &	Number			
	Exp. Date:	Code:	(required, if giving c/c)	
	*You may c	all 800 241-4494 x4237	1 to give c/c inform	ation	
		Date			

Signing this form certifies that this purchase is in compliance with the Company employee purchase policy, including that it is for personal use or for immediate family, as specified under the Company's policy. Aunts, uncles, nieces, nephews, cousins and friends are not eligible. Purchase for business use, including for resale or rental property, violates the policy. Your signature confirms your express understanding that any violation of the employee purchase policy will be forwarded to the Company's CFO and management, and could result in penalties up to and including your termination.

IMPORTANT INFORMATION

Orders must be paid and shipped/picked up within 14 days (excludes back orders).

Payment Options: Personal or cashier's check, money order or credit card (Mastercard, Visa, or Amex).

All credit cards must be in employee/employee spouse name.

We require 48 hours to clear orders through financial.

Price quotes are subject to change.