



DATE (mm/dd/yy) _____
 End User/Job Site _____
 Customer Purchase Order Number _____

This form is **REQUIRED** with **ALL** orders submitted
 Send all orders to
customerservice@codeblue.com
 Or **FAX** to **616.392.8391**

END USER INFORMATION

*Required for Warranty Activation

Name And Title _____
 Address 1 _____
 Address 2 _____
 City _____
 State _____ Zip _____ Country _____
 Phone _____
 Email _____

CUSTOMS BROKER CONTACT

*Required for International Orders

Name And Title _____
 Phone _____
 Email _____

ADDITIONAL COMMENTS

(Special Pricing, Shipping Instructions, Billing Requests,
 Lift Gate/Pallet Jack Request, Special Receiving Hours, Etc...)

REQUESTER INFORMATION

Name And Title _____
 Address 1 _____
 Address 2 _____
 City _____
 State _____ Zip _____ Country _____
 Phone _____
 Email _____