


EMPLOYEE PURCHASE FORM 



Purchase Inquiry Only

EMPLOYEE INFORMATION (as it appears on your payroll check)

Name: _____ Department/Division: _____
 Address: _____ Work Phone: _____
 _____ Home Phone: _____

 City _____ State _____ Zip _____ Fax Number: _____

Purchase For: Self or Other Excess Inventory Discount Pricing Yes No

Employee #: _____ (Required for verification) If checked "Other":
 Name: _____
 Family Relationship: _____

SHIPPING METHOD

Customer Pickup Plant _____ RDC _____ SSC _____

Ship Preferred Carrier Shipping Address: _____

Freight Cost: _____ City _____ State _____ Zip _____

Item	Size	Quantity	Selling/UOM	Price/UOM	Total

Sub-total _____

* For additional items - use additional order form

To be completed by Customer Service:
 Order # _____ To Be Paid @ SSC Tax _____
 Bol # _____ To Be Paid @ Corporate Credit Freight _____
 Total _____

Comments: _____

 Employee Signature Date

*Signing this form certifies the above purchase is for my personal use or for my immediate family.
***All purchases are subject to verification.** * This form is to be used if checking availability, price or placing an order.
*** Please allow 48 hours to process.**

Submit this completed form via email to employee.sales@daltile.com or fax to 214-309-4900, select option 7 (no direct contact/voicemail box only)
Any returns will require management and approval and may be subject to a restocking fee