

Please Submit with Purchase Order

Customer Account Information

for **Innovation First, Inc.**

DBA: **RackSolutions.com**

info@InnovationFirst.com

Phone: 903-453-0800

Your Company Name: _____

Purchasing Agent:

Name: _____

Phone: _____

e-mail: _____

Accounts Payable Contact:

Name: _____

Phone: _____

Fax: _____

e-mail: _____

Will you accept Invoices by e-mail? _____

Billing Address:

Company: _____

Attn: _____

St. Address: _____

City, State, Zip: _____

Return Form to: 214-853-5687 Fax
account@innovationfirst.com

Attention: Accounts Receivable

Purchase Order must be **\$500 minimum**.

Innovation First retains the right to reject any purchase order. All information above is for internal accounting use only. No sales or promotional information will be sent to fax or e-mail.

CLAIMS: Claims for shortages, errors, defective materials, or workmanship must be in writing and received by Innovation First within ten (10) days after receipt of shipment by buyer. Failure to make such claim within the stated period shall constitute an irrevocable acceptance of the goods and an admission that they fully comply with all the terms, conditions of Buyer's purchase order. All returned parts may be subject to a restocking charge. The standard restocking charge is 10%. Please call for a Return Merchandise Authorization (RMA) number and FORM before returning any merchandise.