

**REQUEST TO SET UP SHIP-TO ADDRESS**

**Date:** \_\_\_\_\_

**From:** Account Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

**To:** Emtex Products Inc.

Fax: (800) 577-5771

**Please establish the following address as a repeat, commercial ship-to address for my account.**

**Shipping Address (include company name):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you know this to be a commercial location? Emtex does not drop ship to residential addresses, job sites or non-commercial buildings.**

**Yes**

**No**

**How often do you expect to request drop shipments to this address?**

**More than once a month**

**Less than once a month**

**Name of person making request:**

Printed: \_\_\_\_\_

Signed: \_\_\_\_\_

**Note:** Emtex reserves the right to allow or disallow ship-to addresses.