# QUICK SHIP PURCHASE ORDER COVER SHEET

## Fax order to 1-800-405-2264 / Email order.entry@ki.com

NOTE: COMPLETE DATA FIELDS ONLY IF DETAILS ARE NOT INCLUDED ON PURCHASE ORDER

TO ORDER ENTRY DEPARTMENT DATE

FROM # OF PAGES

## QUICK SHIP PROGRAM REQUIREMENTS

- **A completed Quick Ship Purchase Order Cover Sheet must accompany all Quick Ship purchase orders.**
- All products on purchase order must be identified Quick Ship model number and options.
- All Quick Ship products will ship directly from the KI manufacturing facility in 10 working days or less.
- All Quick Ship purchase orders received after 2PM CST will be acknowledged as received the next working day.
- All Quick Ship purchase orders must be received with complete and correct information. If a purchase order is received with missing, incomplete, or incorrect information, the quick ship leadtime will not begin until all questions are confirmed in writing.
- All Quick Ship purchase orders received are non-cancellable and non-returnable.

Purchase Order # Account # KI Quote(s) #

SOLD TO
Address
City/State/Zip

CALL BEFORE DELIVERY ○ Yes ○ No
If Yes ○ 24hrs ○ 48hrs ○ 72hrs ○ Other

END USER
Address
City/State/Zip
Fed ID #

SHIP TO
Address
City/State/Zip
Mark for

Delivery Contact Name
Delivery Contact Phone

Receiving Hrs of Operation
Truck Size Limitation

## ORDER CONTACT

For an Advance Shipment Notifications and/or
An additional Acknowledgement via Email.
(must complete all fields)

Order Contact Name
Order Contact Email
Document ○ ASN ○ Ack ○ Both

## ADDITIONAL COMMENTS/ SPECIAL INSTRUCTIONS

## KI INTERNAL USE ONLY

Rep Name/#
DR Name/#
ISS Name/#
DST Name/#

Contract #
New End User Acct? ○ Yes ○ No
Source Shift/Lift/incremental ○ S ○ L ○ I

SIF File Name

Over Quota Project ID#

| | | Vendor #1 | Vendor #2 |
|---|---|---|---|
| A/C | ○ Yes ○ No | | |
| | Vendor Name | | |
| | AC% and Amount | | |
| | Contact Name | | |
| | Phone/Email | | |
| O/B | ○ Yes ○ No | Vendor #1 | Vendor #2 |
| | Vendor Name | | |
| | OB% and Amount | | |
| | Contact Name | | |
| | Phone/Email | | |

Market Code (check)

- ☐ 1 = University & College
- ☐ 2 = K-12
- ☐ 3 = Health Care
- ☐ 4 = Federal Government
- ☐ 5 = Mail Order
- ☐ 6 = Med/Large Business (Including old Science & Tech)
- ☐ 8 = Small Business
- ☐ 9 = State/Local Gov't
- ☐ 10 = Religion
- ☐ 11 = Special Event
- ☐ 12 = Industrial
- ☐ 13 = Hospitality
- ☐ 14 = Rental
- ☐ 15 = Superstore (retail)
- ☐ 16 = Transportation
- ☐ 17 = Wholesaler
- ☐ 18 = Mail/Shopping Center

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