

EMPLOYEE PURCHASE FORM

DAL-TILE



Purchase Inquiry Only

EMPLOYEE INFORMATION

Name: _____
 Address: _____

 City _____ State _____ Zip _____

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

Purchase For: Self or other Excess Inventory Discount Pricing YES No
 If you checked other Name: _____ Immediate Family Relationship: _____

Immediate family members are considered spouse, siblings, children, parents, grandparents, (mother & father in-law) (sister & brother in-law) and (grandfather & grandmother in-laws) If relationship is other than self or described immediate family member you cannot purchase using the associate discount.
 Failure to adhere to policy will result in a disciplinary action including but not limited to termination of employment

Employee #: _____ (Required for verification)

SHIPPING METHOD

Customer Pickup Plant _____ RDC _____ SSC _____
 Ship Preferred Carrier Shipping Address: _____

Freight Cost: _____ City _____ State _____ Zip _____

Item	Size	Quantity - total not exceed 2,000 sf	Selling/UOM	Price/UOM	Total

To be completed by Customer Service:
 Order # _____ To Be Paid @ SSC Sub-total _____
 Bol # _____ To Be Paid @ Corporate Credit Tax _____
 (Pick-Up) Freight _____
 Total _____
 Comments: _____

Employee Signature _____ Date _____
 Manager 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.
 Corporate Customer Service Comments:

- * This form is to be used if checking availability, price or placing an order.
- * Please allow 48 hours to process.
- * Return Form to Fax# **214-309-4301**
- * Email: **employee.sales@daltile.com**