



AUDIT® Ship Standing Order SET UP AND CANCELLATION FORM

Date:

Please cancel the following Standing Order effective _____ / _____ / _____

Please setup a new Standing Order beginning date _____

Purchase Order # _____

Account Name: _____

Shipping Address: _____

Contact Name: _____ Phone: _____

Qty/UM	Product #	Description	Unit Price
	<i>Please see attachment</i>		

- Weekly
- Quarterly
- Every Other Month
- EVERY 6 months or TWICE/Year
- Monthly
- Monthly 1st
- Monthly 15th
- Monthly 1st And 15th

Date Setup/Cancelled _____ by _____