



To: Purchasing Department

From:

Company Name

Print/Type Official Name and Title

Company Address

Signature of Company Official

City/State/Zip Code

Date

Email address

Fax Number

Please mark as appropriate in the spaces provided.

Will Comply: _____

Will NOT Comply: _____

Will comply _____, but require adjustment to the schedule of rates and charges incorporated in your Blanket Purchase Order(s).

(Note) Please forward a revised schedule of rates and charges as soon as possible.

Exempt: _____ (Please explain in comments section)

Comments: