



IMPAKT
PRODUCTS & DISTRIBUTING

Fill out this form and fax or mail it back to IMPAKT Products

Company Name: _____

Contact Name: _____

Shipping Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

Web Site: _____

Email: _____

Sales Tax ID#: _____

Fill out this form by typing or printing the information in the spaces provided. Return the form by fax or mail to:

IMPAKT Products, PO Box 361133, Columbus, Ohio 43236

Fax: 614-252-3202

Questions? Call 614-252-3200, ext 111