



Company Name:	
Contact:	
Phone:	Fax:
Cell:	
Email:	
Bill To:	Ship to:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Resale #	

Please fill out information and email, fax or mail back at your earliest convenience.

Also, please attach a copy of your 2014 Resale Certificate.

If you do not provide us with your 2014 Resale Certificate by next order you will be charged sales tax until you produce it.

Thank you,

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sales@towelsworld.com