



Kimball International Brands Inc.

P 800.482.1213 F 866.418.8516

Credit Card Order Form

Date: _____

Billing Address

Name _____

Company _____

Street _____

City, State, Zip _____

Phone _____

Participating Dealer

Dealer Contact _____

Government Agency _____

Payment Information

Required: Quote # or Amount of Sale _____

Card Holder's Name _____

Card Holder's Phone _____

Card Holder's Email _____

Card Holder's Signature _____

Pre Bill

Shipping Address (if different from billing address)

Name _____

Company _____

Street _____

City, State, Zip _____

Phone _____

Your credit card order must be paid via our self-service portal at WWW.UNITEDTRANZCTIONS.COM/OBP/KIMBALL. Payment must be made at time of shipment unless pre-bill noted here. If you are not already registered in our portal, instructions will be provided via e-mail upon entry of your order to production.

Type of Sale

GSA Schedule Sale (Contract GS-03F-059DA)

Non GSA Federal Sale

State/Local Sale (see website for contract information)

BPA # _____

State of _____

Credit card holder signature required for order and if original information changes.

Modification required with agency signature when change to original order involves product, unit cost, or total cost.

Product quote attached to Credit Card Form

Model Number	Description	Qty.	Unit Price	Extended Price

Special Instructions _____

Product Total _____

Installation Price _____

Design Price _____

Total _____

Please fill out with completed information and email it to orders@kimball.com