

Exhibit A

Company Information Sheet

Company Name:	ATE:			
Address:	Company Name:			
Address:	Address:			_
Address:	Address 2:			
Address:	City:	State:	Zip Code:	
Address:	Phone:	Fax:	Email:	
Country:	3ill to: (If different than a	ddress above)		
State/Province: Zip/postal code Country: Phone: Fax: Email: comments, Requests or Special Instructions: comments, Requests or Special Instructions: cuthorized Signer: (Please have the person who will be signing for all orders complete the following) Signature: Date	Address:			
Country: Fax: Phone: Fax: Email: comments, Requests or Special Instructions: uthorized Signer: (Please have the person who will be signing for all orders complete the following) Signature: Date	State/Province:	Zin/postal code		
omments, Requests or Special Instructions: uthorized Signer: (Please have the person who will be signing for all orders complete the following) Signature: Date				
omments, Requests or Special Instructions: uthorized Signer: (Please have the person who will be signing for all orders complete the following) Signature: Date	Phone:	 Fax:		
omments, Requests or Special Instructions: uthorized Signer: (Please have the person who will be signing for all orders complete the following) Signature: Date				
Signature:Date	omments, Requests	or Special Instructions:		
Signature:Date				
Signature:Date	uthorized Signer /P/	ease have the person who will be si	aning for all orders complete the following)	
Date	utilolized olgilet. (Fi	ease have the person who will be si	grilling for all orders complete the following)	
	Signature:			
Printed Name:				Date
	Printed Name:			

Product Line: (Use these numbers on Order Form)

Firebird 12 (Standard Configuration)

Firestorm 1 (Standard Configuration)



Exhibit A

Company Name:					
Address 2: City: Phone:	Sta Sta	ate: Email: _	Zip Code:	-	_
	ate for each location that is				
Address:					
State/Province:	Zip/postal c	ode			
Phone: Email:	Fax:				
Comments or Speci	al Instructions:				
SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS
QUANTITY	DESCRIPTION		Ų	JNIT PRICE	AMOUNT
				SUBTOTAL	
				TAX RATE	%
				SALES TAX	
			SHIF	PPING & HANDLING	
				TOTAL	
☐ I have read, und	derstand, and agree to th	ne Terms & Condition	ns attached hereto, and	d are incorporated as a par	t of this Order.
Signature:				Date	·····
Printed Name	e:			-	
			x Heating Solutions	-Nevada, LLC	
	T	HANK YOU FOR	YOUR BUSINESS!		

Phoenix Heating Solutions-Nevada, LLC 751 W 1000 N Suite 12 Spanish Fork, Utah 84660 Phone: 385-758-2050