



- Please PRINT clearly- all information must be filled out to ensure timely processing of your order.
 - Allow 2-3 weeks for delivery.
 - Please visit icebreaker.com -USA or our consumer catalog in your store for product reference & to verify that your request is made by size per color option.
 - All styles subject to availability. We will get back to you if requested items are not available.
 - There are no returns on Employee Purchase transactions.
 - All orders are shipped to the store location in which you work.
 - Your price is 10% below wholesale cost.
- Icebreaker is happy to extend this special offer to our beloved retailers. This form is for you - please do not abuse this privilege. Enjoy your Icebreaker merino and THANK YOU for sharing your Icebreaker experience with your customers!

EMPLOYEE PURCHASE FORM SPRING 2006 (Effective 02.01.06 - 7.31.06)

Men's Styles Available	SKU	Icebreaker Color Description	Men's Size	Qty	Employee Cost	Total Cost
Skin200 Oasis Crewe	IBSKOA				\$27.00	
Bodyfit260 S/S Crewe	IBSKOA				\$27.00	
Bodyfit260 Slalom Crewe	IBBFSM				\$34.00	
Superfine190 Tech T	IBSFSC				\$31.00	
Superfine190 Hopper	IBSFHP				\$35.50	
SuperfineGT S/S Elite	IBSFEL				\$40.00	
All Sport320	IBSP				\$54.00	
All SportLTD	IBSP				\$63.00	
EXP Raven Zip	IBX				\$81.00	
					Subtotal	\$

Women's Styles Available	SKU	Icebreaker Color Description	Women's Size	Qty	Employee Cost	Total Cost
Skin200 Oasis Crewe	IBSKOA				\$27.00	
Bodyfit260 Olympia Crewe	IBBFYM				\$34.00	
Superfine190 Tech T	IBSFSC				\$31.00	
Superfine190 Mako	IBSFMK				\$44.00	
SuperfineGT S/S Elite	IBSFEL				\$40.00	
Superfine Nature Series	All Short Sleeve				\$40.00	
Superfine Nature Series	All Long Sleeve				\$49.00	
All Sport320	IBSP				\$54.00	
All SportLTD	IBSP				\$63.00	
EXP Raven Zip Thru	IBX				\$81.00	
					Subtotal	\$

EMPLOYEE PURCHASE SHIPPING INFORMATION

Employee Name: _____

Name of Retail Store: _____

Store's Shipping STREET Address (No PO Boxes): _____

City, State, Zip: _____ Store's Phone Number (required)
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EMPLOYEE PURCHASE BILLING INFORMATION

Cardholder's Name: _____ Card Type: (VISA or MC only): _____

Card Number: _____ Expiration date: _____ Security Code: (on back of card) _____

Billing address : _____

	Subtotal from above	\$
	Sales Tax 7% (CA, WA, ID)	\$
City, State, Zip:	If Subtotal is \$75 or less add \$7.00 shipping/ handling	\$
	If Subtotal is more than \$75 add \$10.00 shipping/ handling	\$
	Total Charge to Card	\$

Cardholder's Signature: _____ Date: _____

Your Manager's Signature: _____ Date: _____

Icebreaker Sales Department Approval: _____ Date: _____

Fax your order to 208.726.0011