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LETTER OF INTENT:	Date:
Please Print	
Organization Name:	
Mailing Address:	
Shipping Address:	
Phone Number:	Fax Number:
Contact Name:	Phone Number:
Tax Identification Number:	
I Correctional Industries, within 30 days from re	_ am responsible for payments of products ordered from sceipt of invoice.
*Signature:	Date:

## \*PLEASE READ BEFORE SIGNING:

Correctional Industries is a work-training program whose mission is to provide offenders with job experience which develop marketable skills in preparation for their release. The information you provide on this document should **NOT contain any personal phone number or personal street addresse**s as offender workers may have access to it when we process your order.

If you have any questions, please call 1-866-580-9933.