



Trade Purchase

HBX ID # _____ Date of Request _____

Company Name _____

Your Name _____

Phone # _____ FAX # _____

Email _____ Required Start Date _____

Ongoing Need

One-Time Need

Future Need

Please fill out the following completely, sign and fax to HBX at 914-372-7157

Quantity	Description of Product or Service Request	Price Range

Please list companies you would consider as a vendor for the above:

Company	Owner's Name	Location	Phone/Email

The undersigned has expressed intention to place an order for the following merchandise or service, which is subject to vendor approval based on quality, timeliness, price, and payment on a barter basis through Hudson Barter Exchange.

Signed _____ Date _____