

**YOUR
LOGO**

Company
 Your Address, City, Postal Code, State
 Ring/fax: 800.725.755
 i@yourcompany.com
 www.yourcompany.com

Wholesale Order Form

Qty	Item # or Name	Unit Price	Total
		Subtotal	

Order Date:

Business Name:

Buyer:

Billing Address:

Shipping Address:

Phone:

TERMS:

Minimum first order: \$300
 Reorders: \$100
 Prepaid – check, Paypal or major credit cards

SHIPPING:

Turnaround time is 14 days. Orders will ship via insured USPS Priority Mail. Shipping fee is a flat rate of \$10.00

RETURNS/EXCHANGES:

For damaged and customer returned items, please call or email for replacements.

100% GUARANTEE:

You will sell a minimum of 35% of your order in the first 60 days or you can send everything back for a refund, no questions asked!

Payment method (circle one): Check Paypal Visa MasterCard AMEX Discover

Name on Card: _____ Billing address (as it appears on your statement): _____

Card #: _____

Expiration date (mm/yy): _____ Email address (if Paypal): _____

Card verification # (3-digits at back): _____