



WHOLESALE Order Form

Business Name:_____ Date:_____

Contact Name:_____

Phone:_____ Email:_____

Billing Address:

Shipping Address: ☐ same as billing

****All orders must be paid in full prior to shipping.**

Desired Ship Date:_____

Qty.	Code #	Description	Unit Price	Line Total

Payment Information: At this time, we are only accepting credit cards as payment for all wholesale orders. We may offer ACH & Net 30 in the future. We can keep your card info on file for future purchases made on your account. Please let us know if you would like us to do so.

Cardholder Name:_____

Credit Card Type (circle one): VISA MASTERCARD DISCOVER AMEX

Card Number: _____ Expiration Date:_____ CVV:_____

Cardholder Signature:_____ Date:_____