



WHOLESALE ORDER FORM

ORDER DATE

ORDER NO.

Customer Information :

First Name & Last Name _____

Email _____ Phone _____

Shipping Address _____

City _____ State _____ Postal/Zip Code _____

Order Information

Item No	Description	Qty	Price

NOTES

SUBTOTAL	
TAX	
TOTAL	

Payment Method :

- Cash PayPal
 Credit Card E-Transfer

Credit Card No. _____

Expire.Year Expire.Month

Security Code _____

PayPal/E-Transfer information
