

WHOLESALE ORDER FORM

BILL TO: *(Please print clearly)*

Phone: () Fax: ()
 Name: Title:
 Company: Residential:
 Address:
 City, States, Zip, Country:
 Email Address:

SHIP TO: *(Please print clearly)*

Phone: () Fax: ()
 Name: Title:
 Company: Residential:
 Address:
 City, States, Zip, Country:
 Email Address:

Same as Bill to:

TYPE OF PAYMENT: *(Please print clearly)*

CREDIT CARD: (Fedex Ground shipping charges will be applied to final invoice)

Master Card Visa Amex Discover

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Card Number Expire Date CVV

Card Holder Name: _____

Authorized Signature: _____

GET 6 MONTHS TO PAY ON YOUR PURCHASE



We will generate a PayPal invoice for your order and submit it to you via email. Complete your order at PayPal.com and choose PayPal Credit as your payment option. Subject to credit approval. US customers only.

ORDER INFORMATION

ITEM#	PRODUCT DESCRIPTION	COLOR	COST/UNIT	QUANTITY	TOTAL

* Shipping and handling will be added to your invoice total. **TOTAL:** _____

IMPORTANT:

Total quantity must be in multiples of 24 as we are only shipping full master cartons. Mixed colors or products is OK!

PLACING YOUR ORDER IS EASY:

- You may fill out this form and fax it to 919-800-3303
- You may send us an email with all of the same information that is on this form or scan and email this form to: fredrik.perman@theproductfarm.com