

**YOUR
LOGO**

Your Name | Your Brand Name
Your Address, City, Postal Code, State
Ring/fax: 855.855.855
you@yourshop.com
www.yourshop.com

Wholesale Order Form

Qty	Item # or Name	Unit Price	Total
	<i>To edit this order form template, first you'll need to go to File > Make a Copy.</i>		
		Subtotal	

Order Date:

Business Name:

Buyer:

Billing Address:

Shipping Address:

Phone:

TERMS:

Minimum first order: \$150

Reorders: \$100

Prepaid – check, Paypal or major credit cards

SHIPPING:

Turnaround time is 2-4 weeks. 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):