WHOLESALE ORDER FORM

Ordered by:

Name

Title Date

Company

Address

City State Zip

Daytime Phone

Ship to:

Name

Title Date

Company

Address

City State Zip

Daytime Phone

Reseller Certificate Number:

Product Name	Description / Size / Fragrance	Notes (?)	Other	Cost Each	Quantity	Item Total

* A valid copy of your Reseller Certificate is required with opening order. Please refer to our Wholesale Policies for information regarding order processing times and shipping.

Customers selling our products on the internet MAY NOT use our product images without our prior written consent.

Total price of items	
Shipping Charge (to be added by representative)	
Tax (if applicable)	
Other	
Order Grand Total	

Method of payment:

Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date (Month/Year): ☐☐/☐☐

Signature (as shown on credit card):

☐ Check or Money Order

Customer Reference # (if applicable)