## FORM ORDER WHOLESALE

Ordered by:		Ship to:					
Name		Name					
Title Date		Title	Title Date				
Company		Company					
Address		Address					
City	State Zip	City	City State Zip				
Daytime Phone	Daytime Phone						
Reseller Certific	cate Number:						
Product Name	Description / Size / Fragrance	Notes (?)	Other	Cost Each	Quantity	Item Tota	
* 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.		Total price of items					
		Shipping Charge (to be added by representative)					
		Tax (if applicable)					
Customers selling our products on the internet MAY NOT use our product images without our prior written consent.		Other					
our product images	Order Grand Total						
Mathad of na	no mår						
Method of paym							
Please charge my:	] Visa □ MasterCard □ Discover □ Ar	nerican Express					
Card Number:			Expiration	on Date (Month/	Year): 🔲 🗀		
Signature (as shown o	on credit card):						
☐ Check or Money 0							

Customer Reference # (if applicable)