

# ORDER FORM - WHOLESALE CLIENT

Order #: \_\_\_\_\_

**Bill to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Ship to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Order date:	Season:	Ship date:	Cancel date:	Terms:	Ship via:	Rep:	Buyer name:

**Products Ordered:**

Style #:	Style Name:	Color:	0	2	4	6	8	10	12	14	Price:	Quantity:	Total:
<b>Subtotal:</b>													