



X *Tara Kinden*

WHOLESALE ORDER FORM

ORDER DATE: _____

REQUEST DATE: _____

PO#: _____

FIRST ORDER: _____

BUYER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

ORDER DETAILS:

TERMS:

- 50% DEPOSIT, 50% COD
- BUYER PAYS ALL SHIPPING
- MINIMUM ORDER \$750

ITEM	DESCRIPTION	QUANTITY	PRICE	AMOUNT

PAYMENT METHOD: _____

SUBTOTAL

SHIPPING METHOD: _____

HST 15%

DATE SHIPPED: _____

SHIPPING

TRACKING: _____

TOTAL

NOTES: _____

BUYER SIGNATURE: _____

