



WHOLESALE REQUEST FORM

NAME OF COMPANY _____

ADDRESS _____

STATE _____

ZIP _____

PHONE _____

CUSTOMER NAME _____

STYLE # _____

STYLE # _____

STYLE # _____

QUANTITY _____

QUANTITY _____

QUANTITY _____

STYLE # _____

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STYLE # _____

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STYLE # _____

QUANTITY _____

QUANTITY _____

QUANTITY _____

SPECIAL INSTRUCTIONS _____

- * C.O.D. SHIPPING CHARGES (UPS) will be added
- * An authorization number must be obtained for returns
- * A restocking charge will be added on returns made after 30 days of invoice
- * Prices are subject to change.

Thank you for your Request