16 Maher Road
Watsonville, CA 95076
(831) 722-6037
fax (831) 722-8176

Date:_____ Wholesale Customer: ☐

Operator:_____ Retail Customer:☐

Date Shipped_____By:_____

Commission to:_____

Shipping Address			Billing Address ☐Check box if same as shipping		
Company:			Company:		
Name:			Name:		
Address:			Address:		
Address:			Address:		
City:	St:	Zip:	City:	St:	Zip:
Phone:			Phone:		
Fax:			Fax:		
Email:			Email:		

Payment Info:	Payment Method - Check One
Credit Card #	☐Visa ☐MasterCard ☐Discover☐AmEx
Expiration Date:	☐Check ☐PO #_____
Name on Card:	☐Donation $$
Security Code:	Discount: ☐5% ☐10% ☐15%☐25%

Quantity	Product Description	Unit Price	Total
		Subtotal:	
		Tax:	
		Drop-Ship Fee	
		Freight:	
		Grand Total:	

Notes: