

SUNSET BAMBOO WHOLESALE PROGRAM

ORDER FORM

COMPANY _____

CONTACT _____

PHONE _____

FAX _____

EMAIL _____

PO or JOB NAME _____

PURCHASE/ORDER FOR RESALE?

Please note: if you check "no," sales tax will be added.

YES NO

PROCESS AS AN ORDER

REQUEST FOR QUOTE/PRO-FORMA INVOICE

PAYMENT INFORMATION:

CREDIT CARD CHECK MONEY ORDER

to pay by credit card, An authorization form is required

BILL TO:

NAME _____

PHONE _____

MOBILE PHONE _____

STREET ADDRESS _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

SHIP TO:

NAME _____

PHONE _____

MOBILE PHONE _____

STREET ADDRESS _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

WHOLESALE PRODUCT ORDER:

PRODUCT DESCRIPTION	CODE	QUANTITY	PRICE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIS BOX FOR ISLAND THATCH, INC. USE ONLY

DATE ORDER RECEIVED:

CONFIRMED VIA: PHONE EMAIL