

## WHOLESALE ORDER FORM

decalzilla@gmail.com (503) 737-5200

| <b>Customer Informatio</b>                                                                                                                | n:           |          |           |      |                |       |          |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|-----------|------|----------------|-------|----------|-------|--|
| Name:                                                                                                                                     |              |          | Paypal Em | ail  | (for invoice): |       |          |       |  |
| Company:                                                                                                                                  |              |          | Email:    |      |                |       |          |       |  |
| Phone:                                                                                                                                    |              |          |           |      | <del></del>    |       |          |       |  |
|                                                                                                                                           |              |          |           |      |                |       |          |       |  |
| Billing Address: Shipping Address (if different):                                                                                         |              |          |           |      |                |       |          |       |  |
| Address:                                                                                                                                  |              |          |           |      |                |       |          |       |  |
| City:                                                                                                                                     | State: City: |          |           |      | State:         |       |          |       |  |
| Country:                                                                                                                                  | Zi           | p:       | Coun      | itry | y: Zi          | p:    |          |       |  |
| Decal                                                                                                                                     | Color        | Quantity | Total     |      | Decal          | Color | Quantity | Total |  |
|                                                                                                                                           |              |          |           |      |                |       |          |       |  |
|                                                                                                                                           |              |          |           |      |                |       |          |       |  |
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|                                                                                                                                           |              |          |           |      |                |       | Total    |       |  |
|                                                                                                                                           | 1            | <u> </u> | <u> </u>  |      |                |       | Tomi     |       |  |
| <b>Terms:</b> Please allow 1-2 weeks for order processing. Free shipping (USPS) for orders \$200 and up. Invoice will be sent via PayPal. |              |          |           |      |                |       |          |       |  |
| invoice win be sent via i                                                                                                                 | iyi di.      |          |           |      |                |       |          |       |  |
| Note:                                                                                                                                     |              |          |           |      |                |       |          |       |  |
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|                                                                                                                                           |              |          |           |      |                |       |          |       |  |
| L                                                                                                                                         |              |          |           |      |                |       |          |       |  |
| Signature:                                                                                                                                |              |          |           |      | Date:          |       |          |       |  |