ORDER FORM

DATE:	PO NUMBER:

RETAILER INFORMATION ☐ Existing Retailer ☐ New Retailer Resale Number:

Store Name: Buyer Name:

Shipping Address:

City: State: Zip:

Billing Address (if different):

Email: Phone:

Item #	QTY.	Description	Unit Price	Total

PAYMENT TYPE (CHECK ONE) ☐ CREDIT CARD ☐ TERMS WITH FAIRE

NAME ON CARD (PLEASE PRINT)

CARD NUMBER

EXP. DATE CODE BILLING ZIP

notes:

SUBTOTAL:	
SHIPPING:	
TOTAL:	

BUYER SIGNATURE

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