

Wholesale Order Form

Sam's Seaglass Finds

Retailer / Buyer Information

Company Name: _____

Contact Person: _____

Phone: _____ Email: _____

Billing Address: _____

Shipping Address (if different): _____

Order Details

Seller: Sam's Seaglass Finds

Order Date: _____

Requested Delivery Date: _____

Purchase Order # (if applicable): _____

Product Order

Subtotal: _____

Tax: 15%

Shipping/Handling: _____

Total Amount Due: _____

Payment Information

Credit Card Bank Transfer Cheque

Buyer pay for all shipping costs

Minimum order: \$ _____

Net 30 days

Payment Terms: _____

Special Instructions / Notes

Authorization

This order is placed with **Sam's Seaglass Finds** and is subject to the seller's wholesale terms and conditions. I hereby confirm that the above information is correct and authorize this wholesale order.

Authorized

Name: _____

Signature: _____

Date: _____

Thank you for your business!