

Wholesale Order Form

Please fill out all sections below. Including product name (as listed on the wholesale catalogue) and the quantity you would like to purchase (following the MOQs shown on the wholesale catalogue).

Business Name:		Business/Delivery Address:	
Your First & Last Name:		Postcode:	
Email Address:		Date of Order:	

<u>Product Name</u>	<u>Product Type</u>	<u>Product Size</u>	<u>Quantity</u>
			Total Quantity =