WHOLESALE Order Form

Company Name _____ Tax ID #_____

Ship To Address:_____

Phone _____Fax: _____Email: _____

Form of Payment in U.S. Dollars (check one):

____VISA ____Mastercard ____Check ____ Money Order

Credit Card # _____ Exp. Date _____Name on Card _____

Credit Card Bill To Address: _____

Item #	Description	# of cases	Unit/case	Price/candle	Extended Price
_____	_____	_____X	_____X	_____=	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				Shipping	_____
				TOTAL	_____

Unique Aromas
29 Mack Street
Batesville, AR 72501
Fax #: 1-888-741-5931
Phone: 1-800-373-7210

Add 15% of total order for Shipping/ Handling

Large order will ship by American Freight Way , C&L Carrier, Yellow Freight or CSE trucking.