CAROLINA CUPBOARD®

Wholesale Order Form

Item #	Description	Case Price	Qty.	Ext. Price

Bill To:

_____ *Name*

_____ *Company*

_____ *Billing Address 1*

_____ *Billing Address 2*

_____ *City* *State* *Zip Code*

_____ *Customer Number*

_____ *Email*

_____ *Telephone*

_____ *Fax*

Ship To:

☐ Check here if shipping address is same as billing address

_____ *Name*

_____ *Company*

_____ *Billing Address 1*

_____ *Billing Address 2*

_____ *City* *State* *Zip Code*

_____ *Customer Number*

_____ *Email*

_____ *Telephone*

_____ *Fax*

Payment Method:

Credit Card ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number: _____ Expires: _____ / _____ CID Number: _____

OR

Net 10 Customer #: _____ Purchase Order #: _____

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