

**- Any Time Wholesale -
Order Form**

Bill to address:

Company: _____
 Name: _____
 Address: _____
 City/State/Zip: _____
 Country: _____

Email Address: _____
 Tax ID #: _____ (Required for shipments to PA)
 Credit Card: _____
 Signature: _____

Ship to address, if different from left:

Company: _____
 Name: _____
 Address: _____
 City/State/Zip: _____
 Daytime Phone: _____

NOTE: Shipping Addresses other than billing address must be PRE-APPROVED

Fax: _____
 PO #: _____
 Exp Date: _____ CVV# _____
 First Order: Yes No

Item #	Quantity	Description	Each Price	Total Price
Mail orders to: Any Time Wholesale 55 N. Bailey Rd Thorndale, PA 19372 Fax Orders To: 215-243-7425 Visa, Mastercard, & Money Orders Accepted. No Checks...			Subtotal	
			6% tax in PA if no tax ID	
			Shipping	
			Total	

Shipping charge is based on weight and includes insurance, shipping & handling. Please include 12% of your total order for estimated shipping cost. Any overage will be refunded or credited to your account.

Circle shipping preference.
 USPS Priority | UPS (Ground) | UPS (3 day) | UPS Canada