Wall Art Wholesale Order Form

SQUISH, LLC
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Atlanta, GA 30327
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www.squishme.com
info@squishme.com

Order # _____ Date _____

Company Name _____

Tax Exempt/Resale ID # _____

Buyer's Name (print) _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address: Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Payment Method (circle one): VISA / MC / AMEX

Payment terms for established accounts may vary

Account # _____Exp. Date _____

Name on Account (print)_____

Please see Wall Art Line Sheet for all item #s and prices

ITEM #	DESCRIPTION	$ PRICE	QTY	$ TOTAL
			TOTAL	

Buyer's signature: _____