WILD APPLE

ORDER FORM

BILL TO:

Company Name ______________________

Contact Person ______________________

Street Address ______________________

City/State/Zip ______________________

Phone ______________ Fax ______________

Purchase Order No. ______________________

E-mail Address ______________________

SHIP TO (if different):

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ITEM NO.	TITLE	QUANTITY	UNIT COST	SUBTOTAL

SUBTOTAL	
PACKING & SHIPPING*	
COD IF APPLICABLE ($7.50)	
TOTAL DUE	

PAYMENT METHOD:

❑ Check or Money Order enclosed

❑ COD (additional $7.50)

❑ VISA

❑ Mastercard

❑ American Express

*All orders less than $50.00 net wholesale price will be assessed an additional $5.00 fee.

Account No. Exp. ______________________

In name of ______________________

Signature ______________________

Name (print) Date ______________________

WILD APPLE
526 WOODSTOCK ROAD
WOODSTOCK, VT 05091

E-MAIL: Sales@WildApple.com

CALL 800-756-8359 · 802-457-3003 OR FAX 800-411-2775 · 802-457-3214