



WHOLESALE ORDER FORM | PAGE 1 OF ____

EMAIL | HELLO@NANUSTUDIO.CO

WEBSITE | NANUSTUDIO.CO | NANUSTUDIO.FAIRE.COM

DATE OF ORDER | MM/DD/YYYY

REQUESTED SHIP DATE | MM/DD/YYYY
TURNAROUND TIME IS 7-14 DAYS OR LESS

STORE NAME [] EXISTING RETAILER [] FIRST-TIME RETAILER

RESALE TAX ID#

BUYER'S FULL NAME

BUYER'S INFO | EMAIL & PHONE NUMBER

BILLING ADDRESS | STREET, SUITE, CITY, STATE, ZIP CODE, COUNTRY

SHIPPING ADDRESS, IF DIFFERENT | STREET, SUITE, CITY, STATE, ZIP CODE, COUNTRY

[] CREDIT CARD [] CHECK

PAYMENT METHOD | INVOICED SEPARATELY
PAYMENT PRIOR TO SHIP IS PREFERRED; CONTACT FOR NET TERMS

BUYER'S SIGNATURE

ADDITIONAL NOTES

Table with columns: PRODUCT | NAME, SKU, QTY, PRICE / UNIT, ITEM | TOTAL, QUICK GUIDE. Includes sub-totals for MINIMUMS, SINGLE CARDS, and ORDER TOTAL.

