PAIGE & WILLOW
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Brossard, QC J4Z 0M6 - Canada
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+1 (514) 249-4848

WHOLESALE ORDER FORM

PO NUMBER
PW-00

Date: _____

Store name: _____ Contact Name: _____
Shipping Address: _____
City: _____ State: _____ Email: _____
Zip: _____ Country: _____ Phone: _____

SKU #	DESCRIPTION	QTY	UNIT PRICE	SUBTOTAL
			Total Before Shipping:	

Comments or Special Instructions

CREDIT CARD PAYMENT

Name on Card: _____ Card Type: _____
Expiration Date: _____ CCV: _____ Billing Address: _____

Refer to our catalog for terms & conditions or visit our website for more information: **www.paigeandwillow.com**