**ORDER DATE**

**SHIP THIS ORDER**

○ *ASAP* ○ *On*

# KINETICARDS

## *Wholesale Order Form*

**KINETICARDS LLC**
*33 Harrison Ave, Fl 2*
*Boston, MA 02111*
*hello@kineticards.com*
*(484) 643-2719*

| SKU / DESCRIPTION | QTY | UNIT $ | SUBTOTAL |
|---|---|---|---|
| | | *$3.25* | |
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**$3.25** PER UNIT // **6 QTY** MIN // $3.25 x (6) = **$19.50** // $3.25 x (12) = **$39.00** // **$150** MIN ORDER TOTAL

### SHIPPING INFORMATION

○ *New Retailer* ○ *Existing Retailer*

STORE NAME

CONTACT NAME

SHIPPING ADDRESS

CITY STATE ZIP

EMAIL

PHONE

### BILLING INFORMATION

○ *Pay via Credit Card* ○ *Pay via Check*

NAME ON CARD

BILLING ADDRESS

CITY STATE ZIP

CREDIT CARD #

CVV EXPIRES ON

*By signing below, you are stating that you understand and agree to our wholesale terms, and you authorize us to charge your credit card on or before your scheduled ship date.*

### SPECIAL INSTRUCTIONS

### ORDER TOTAL*

**Additional S+H fees may apply.*

$

### SIGNATURE

x