

Wholesale Fax Order Form:

From:	
Delivery Address:	To:
Mailing Address:	<i>www.SuwatanaImports.com</i>
	<i>PH: 520-323-2407</i>
	<i>FX: 520-207-0589</i>
	<i>Email: lookpla7779@yahoo.com</i>

NAME:

COMPANY NAME:

ADDRESS OF COMPANY:

PERSONS AUTHORIZED TO PURCHASE FOR COMPANY:

NUMBERS OF YEARS IN BUSINESS:

Please read and sign following disclosure:

I _____ (name of individual filling out form) do hereby state that I have authority to represent the interests of _____ (name of your store or company) and give permission to Suwatana Imports, LLC permission to validate information which I have provided. I understand that all orders must either be pre-paid using

Visa or Mastercard or paid COD (extra charges may be incurred). The minimum order for wholesale with Suwatana Imports is \$200 plus shipping.

Please attach copy of your business license and fax to: 520-207-0589