

FAST ACTION

24-Hour Fax:
1-850-665-3416

ORDER FORM

Mail Payable To:
SNEDCO WHOLESALE
1114 E. John Sims Pkwy
Number 4-283
Niceville, FL 32578

NOTE:

- Please print clearly and accurately.
- Double-check your order and complete the second page before sending.
- Only use with Yellow Wholesale Price List.

Order directly from our wholesale catalog online:

WWW.SNEDCO.COM

Minimum order amount to use this form is \$50.00

Item Number WFM	Quantity	Description	Unit Price	Total Price
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Use a separate piece of paper or an additional order form if more room is needed.
Please enter 3 replacement items below in case of out of stock items.

Sub-Total	
------------------	--

1.				
2.				
3.				

FAST ACTION! ORDER FORM — SHIPPING AND PAYMENT

1. **Merchandise Total** (listed on 1st page) 1. \$ _____

2. **Discount Savings** (if any) — See Chart —————→

Percentage of Discount: _____ % 2. \$ _____

3. **Sub-Total** by subtracting line 1 from 2 3. \$ _____

Orders are shipped via UPS ground except AK & HI.

4. **FREIGHT** — See Chart —————→

Enter Freight (minimum charge \$7.95) ... 4. \$ _____

5. **GRAND TOTAL** by adding lines 3 and 4 5. \$ _____

Discount Chart

Minimum Order	Your Savings
\$500.00 +	5% Off
2500.00 +	7% Off
\$5000.00 +	10% OFF

Flat Rate Shipping

Standard Ground	15% of Sub-Total
Alaska & Hawaii	55% of Sub-Total
Rush Delivery	65% of Sub-Total

Payment Options

This order is being paid by the following:

PLEASE DO NOT SEND CASH

- Credit Card Money Order
 Certified Check Other _____
 Personal Check — may take up to 14 days to clear.

- MasterCard Visa
 Discover Card American Express

Card #

Exp. Date: —

Cardholder Signature:

X _____

Shipping Address

Billing Address

Please note: Shipping is not available to P.O. Boxes.

Be sure to include your email address. You will be contacted if there is a problem with your order.

Please double-check your Credit Card information!

Make sure the numbers and exp. date are correct. Incorrect information will delay processing your order.

Name _____

Name _____

Company _____

Company _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip _____ Phone _____

Zip _____ Phone _____

Is this a Drop Ship order? _____

Email Address _____

Comments or special instructions: