**RooozPlanet Inc.**

**WHOLESALE ORDER FORM**

**Order ID:**

**Estimated Shipping Date:**

****

**(optional)**

**17051 Labrador Street,**

**Northridge, CA, 91325**

**Email: info@rooozplanet.com**

**Phone : +1818-312-7589**

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| --- |
| **Your Information:** |
| Name: |  |  | PO#: |  |
|  |  |  |  |  |
| Company: |  |  | Email: |  |
|  |  |  |  |  |
| Phone: |  |  | State Tax Resale Number: |  |

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| --- | --- | --- | --- | --- |
| **Billing Address:** |  |  |  | **Shipping Address (if different):** |
| Address: |  |  | Address: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| City: |  |  | State: |  |  | City: |  |  | State: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Country: |  |  | Zip: |  |  | Country: |  |  | Zip: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SKU** | **Price** | **Quantity** | **Total** |  | **SKU** | **Price** | **Quantity** | **Total** |
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|  |  |  |  |  |  |  | **Total** |  |

**Terms:** Minimum order for Wholesale 100 dollars. We usually need a 2-3 lead-time. Shipping (USPS, Fedex, …) included/not included. We reserve the right to change prices without notice at anytime.

**Payment Method:** Credit Card ☐ Cheque ☐ Net 30 ☐

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Credit Card Number: |  |  | Expiration Date: |  |  | CVC: |  |

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|  |

**Note:**

**Send ALL Orders to: Swee & Company**

**kswee@aol.com** **303-295-1028 fax**

**303-295-1027**

**Date: Signature:**