

Dip and See LLC

WHOLESALE ORDER

CORPORATE ADDRESS: 1623 Stuyvesant Street
 Elmont · New York 11003 USA
 Fax 866-251-9168 Toll Free 888-329-7060

Thank you for business!

Websites: www.germsEZclean.com & www.dipandsee.com

BILL TO:

Name _____
 Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____
 FAX _____
 Email _____

SHIP TO: (IF DIFFERENT FROM BILLING)

Name _____
 Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____
 FAX _____
 Email _____

RESALE LICENSE NO.	SALES REPRESENTATIVE	SHIPPED VIA	F.O.B. POINT	TERMS
			New York	

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
	DP-0006	germsEZclean Deluxe/6 units	57.00	
	DP-0007	germsEZclean Refill/12 units	57.00	
	DP-0002	germsEZclean Handbag Hook/12 units	30.00	
	DP-0003	germsEZclean Value Pack/6 units	57.00	

Special Instructions

SHIPPING & HANDLING

TOTAL

Authorized by _____ Date _____

Both pages must be completed

*() New Customer (Complete Form Below) () Reorder

Company Name: _____

Contact Person: _____

Owner/Buyer: _____

Resale License No. _____

For tax purposes, all our retail partners are required to provide a valid sales tax identification number.

Company Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

FAX: _____

Email address: _____

No. Yrs in Business: () Less Than One () 2 – 5 Years () Over 5 Years

Select all that apply

- () Salon/Spa () Retail Storefront
- () Retail Chain Distributor () Wholesaler
- () Catalog/Mail Order () Bridal Shop
- () Bath & Body Shop () Specialty Boutique
- () Interior Décor () Gift Basket/Home Business
- () Other/Specify _____

PAYMENT TYPE:

- Pro Forma ()
- Credit Card Type () Mastercard () VISA () AMEX () Discover
- Credit Card Number _____
- Expiration Date _____
- Card's Billing Zip Code _____
- Three digit security code _____

TRADE REFERENCES:

Company: _____
 Reference Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

Company: _____
 Reference Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

Company: _____
 Reference Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

BANK REFERENCE

Bank: _____
 Reference Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

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WEBSITES

www.germsEZclean.com
www.dipandsee.com

EMAILS

dilgranville@dipandsee.com
info@germsezclean.com

Please feel confident in knowing that all information is kept strictly confidential and is never shared with any other company. Your credit card information is completely safe with us. In addition, we never process charges until we are ready to ship the order. Freight will be included on invoice or billed separately.

- New accounts shipped pre-paid pro forma via check or credit card
- Net 30 available with three references and bank reference.
- Minimum opening order \$150.00
- 2% discount on prepaid check orders or credit card orders
- There is no minimum reorder
- All prices FOB New York
- Shipping and handling paid by customer, we will choose the most economical means for customer.
- Orders shipped within two weeks
- COD not available
- Call within three days of delivery if there is damage to shipment.
- Prior approval required for any returned goods must be in saleable condition.
- No returns accepted after 30 days.
- 20% restocking fee on returned orders.