

wholesale ORDER FORM

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1	Billing info	2 Shipping info
Idealoft Customer #	PO #	Company Name
Company Name		Contact / Title
Buyer's Name / Title		Shipping Address
Billing Address		
		City / State / Zip
City / State / Zip		Phone
Phone	Fax	UPS Ground (standard) UPS 2-Day
Email		• Other. Please specify:

3 Order info

Qty.	Item #	Description	Unit \$	Total \$	
If you don't know the shipping charges, leave box on the right blank and select one of the following:				Tax	N/A: resale
□ Ship my order right away, and bill me for the shipping charges			$\langle \Gamma$	Shipping	
	 Calculate the shipping charges for me and wait for my approval 			Total	

4 Payment

idealoft Account: Bill me net-30 days	
Check Enclosed	
□ Visa □ MasterCard Exp. date □	
Card #	-
Name on Card	
Signature	

New Customers:

You can pay by check or credit card for immediate shipping.

You may also qualify for our *instant credit* program. Send us your order and we'll let you know if you qualify (most do) - your order will ship right away!

All wholesale orders are subject to our terms and conditions: see www.idealoft.com/wholesale.htm for more info.