



# RESPECT

WELLNESS

# WHOLESALE ORDER FORM



DATE: \_\_\_\_\_

**CUSTOMER INFORMATION:**

\_\_\_\_\_

COMPANY \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\_\_\_\_\_

**ORDER DETAILS:**

SIZE	PRODUCT	QUANTITY	WS PPU	MSRP	TOTAL
1 oz	Menopause Balance		\$45.00	\$79.00	
1/3 oz	Ease - Soothing Aches		\$35.00	\$59.00	
1 oz	Night Sky - Restful Night		\$45.00	\$79.00	
1 oz	Glow - Vibrant Facial Oil		\$35.00	\$59.00	
1 oz	Glow + Gua Sha Kit		\$49.00	\$79.00	
4 oz	Glow - Vibrant Facial Oil		\$139.00	NA	
2 oz	Smooth - Facial Balm		\$45.00	\$79.00	

SUBTOTAL	_____
DISCOUNT	_____
TAX	_____
SHIPPING	_____
TOTAL	_____

BY SIGNING THIS FORM, YOU GIVE RESPECT WELLNESS PERMISSION TO DEBIT/CREDIT YOUR ACCOUNT FOR THE PAYMENT AMOUNT ON OR AFTER THE INDICATED DATE.

Payment Type:  Master Card  Visa  Discover Card  \_\_\_\_\_

CARD HOLDER'S NAME \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CVV: \_\_\_\_\_

CARD HOLDER'S BILLING ADDRESS \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your order  
We'll be in touch shortly!

I authorize Respect Wellness to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.