

## WHOLESALE ORDER FORM

### BILL TO:

Name \_\_\_\_\_

Company/School Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

Phone \_\_\_\_\_

( ) \_\_\_\_\_

Fax \_\_\_\_\_

### SHIP TO (IF DIFFERENT)

Name \_\_\_\_\_

Company/School Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_

Phone \_\_\_\_\_

( ) \_\_\_\_\_

Fax \_\_\_\_\_

ITEM #	TITLE	QUANTITY	PRICE	TOTAL

**ORDER BY  
MAIL, FAX, or PHONE**  
4460 N.W. 99th Avenue  
Sunrise, FL 33351  
Off: 954-578-5042  
Fax: 954-578-5043

**ORDER ONLINE:**  
[www.massagereview.com](http://www.massagereview.com)

**ORDERS ARE SHIPPED BY US POSTAL SERVICE  
PRIORITY MAIL OR PARCEL POST.  
SHIPPING COST IS BASED ON WEIGHT.**

*\*If you wish to know your shipping cost in advance, or if you are paying by check, please fax or call us with your order so that we can determine the shipping cost.*

SUBTOTAL \_\_\_\_\_  
S&H  
TO BE DETERMINED\* \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**STATE RESALE NUMBER:** \_\_\_\_\_

**METHOD OF PAYMENT:** \_\_\_\_\_

(Check One)          SCHOOL or COMPANY CHECK

Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_

**FLORIDA ONLY:** Orders must include a State Resale Number or 6% Sales Tax.

*Thank You  
For Your Order!*