

WHOLESALE ORDER FORM



VELOCITY INTERNATIONAL MARKETING
102 WEST 9TH STREET
OWENSBORO, KY 42303
TEL: (270) 689-0035
FAX: (270) 684-6176
WWW.VELOCITY4U.COM

DISTRIBUTOR INFORMATION (Please Print)

SSN# or Federal ID# _____ Date ____ / ____ / ____
 Date of Birth ____ / ____ / ____
 First Name _____ Last Name _____
 Company Name _____
 Street Address _____
 City _____ State ____ Zip _____ - ____
 Hm. Phone (_____) _____ - _____ Wk. Phone (_____) _____ - _____
 Fax. Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 E-mail _____

SHIPPING ADDRESS (FedEx Will Not Deliver to P.O. Boxes)

First Name _____ Last Name _____
 Street Address _____
 City _____ State ____ Zip _____ - ____

PRODUCTS

Quantity	Item Number	Product Description	Whsl. Each	Whsl. Total
				\$
				\$
Case Pricing List			Product Order Subtotal	\$
VIM-2001	1 Bottle Patagonian Maqui Juice or Box Maximun Velocity	\$ 40.00 Wls	KY Residents (add 6% Sales Tax)	\$
VIM-2002	2 Bottles Patagonian Maqui Juice or Boxes Maximun Velocity	\$ 75.00 Wls	10% Shipping (\$8.95 minimum)	\$
VIM-2003	1 Case Patagonian Maqui Juice or Maximum Velocity	\$140.00 Wls	2nd Day Shipping	\$
VIM-2004	2 Cases Patagonian Maqui Juice or Maximum Velocity	\$240.00 Wls	Grand Total	\$
VIM-2005	3 Cases Patagonian Maqui Juice or Maximum Velocity	\$330.00 Wls		
VIM-2006	6 Cases Patagonian Maqui Juice or Maximum Velocity	\$600.00 Wls		
VIM-2007	12 Cases Patagonian Maqui Juice or Maximum Velocity	\$995.00 Wls		

FORM OF PAYMENT Visa MasterCard Discover American Express Check or M.O. Enclosed

Card Number _____ - _____ - _____ - _____ 3-Digit Code _____
 Authorized Signature _____ Print Name _____ Exp. ____ / ____

AUTHORIZATION

By signing, I acknowledge receipt of the Terms of Agreement and the Policies and Procedures on the reverse side of this form. I have closely read, understand and willingly agree to be bound by all of these terms and conditions. I have the right to cancel my Registered Sales Associate status at any time, regardless of reason, by submitting such cancellation notice in writing to Velocity International Marketing at the above address. Please accept my Registered Sales Associate Application in accordance with all of Velocity International Marketing's terms and conditions.

Authorized Signature _____ Date ____ / ____ / ____