WYTHE WILL DISTRIBUTING ORDER FORM

1-800-296-0273 OR (757) 566-5360 FAX (757) 566-5379

DATE: ____________________ **Ship Date** ___________

Customer Number: _________________ **Customer Name** ________________________

Payment: COD ____ **Terms** _________ **Address:** ______________________________

Charge Card: Visa____ **or Mastercard**____ **City:** ____________________ **State:** ________

Charge Card # ______________________ **ZIP:**____________ **Phone #** _____________

Name on Card: ______________________________ **Exp Date on Card** ____________

QTY	ITEM#	VENDOR / DESCRIPTION	PACK	UNIT	CASE	TOTAL

Order Written By: ________________________ **TOTAL** _________

Comments: