ALEPN SCHATZ SALES ORDER CONTRACT for Wholesale Accounts

Purchase Order #	
RESELL PERMIT #	Issued in the State of
Name	SHIP TO Name
Company	Company
Address1	Address1
Adress 2	Adress 2
City, State, Zip	City, State, Zip
Tel Fax Email WEB	Tel
I,	
Please note my credit card type and number to be used for all of our orders:VisaMaster CardAMEX	
CC # Exp/ CVV Code	
Name on the CardBilling address if different than above:	
Please indicate shipping preference: UPSGround 3 DayTwo DayUSPS	
I agree to the above terms and conditions in placing this and all future orders with Alpen Schatz.	
Signature Printed Na	ame Date

Fax orders to +1-303-484-3612. Email orders to <u>boutique@alpenschatz.com</u>

Call +1-970-728-4433 for help in placing an order.

Alpen Schatz, LLC, PO Box 823, 100 W Colorado Ave, Telluride CO 81435

Tel + 970-728-4433 | Fax +1 303-494-3612 | www.alpenschatz.com