

ALEPN SCHATZ
SALES ORDER CONTRACT for Wholesale Accounts

Purchase Order # _____	
RESELL PERMIT # _____	Issued in the State of _____
BILL TO	SHIP TO
Name _____	Name _____
Company _____	Company _____
Address1 _____	Address1 _____
Adress 2 _____	Adress 2 _____
City, State, Zip _____	City, State, Zip _____
Tel _____	Tel _____
Fax _____	
Email _____	
WEB _____	

I, _____, of _____ (name of establishment) would like to order the attached Products from Alpen Schatz. I confirm that I choose to work with Alpen Schatz as our Sales Representative for La Cinopelca and Armonie Naturali products as well as their HUNTER and Swiss lines.

PAYMENT TERMS: I understand that all orders must be paid for in advance by credit card. I hereby authorize Alpen Schatz to book my credit card for all orders of Alpen Schatz Swiss and German imported products that are shipped directly from their warehouse.

MINIMUM ORDER QUANTITIES: I understand that there is a Minimum Order Qty of \$150. Orders less than this amount will be charged an additional \$7 special order fee. All orders of \$500 or more qualify for FREE shipping!

Please note my credit card type and number to be used for all of our orders: __Visa __Master Card __AMEX

CC # _____ Exp __ / __ CVV Code _____

Name on the Card _____ Billing address **if different** than above:

Shipping and handling will be my responsibility for all orders under \$500. Please indicate shipping preference:
 ___Ground___ 3 Day ___ Two Day

I agree to the above terms and conditions in placing this and all future orders with Alpen Schatz.

Signature _____ Printed Name _____ Date _____

Fax orders to +1-303-484-3612. Email orders to info@alpenschatz.com
Call +1-970-728-4433 for help in placing an order.
 Alpen Schatz, LLC, PO Box 823, 307 E Colorado Ave, Telluride CO 81435
Tel + 970-728-4433 | Fax +1 303-494-3612 | www.alpenschatz.com