SwingBack™ Wholesale Order Form

Name of Business _____ Purchased By _____

Phone (____) _____ Fax (____) _____ E-mail _____

Date Ordered _____ Date Wanted _____ Ship Via _____ Terms _____

Bill To Address	Ship To Address
_____	_____
_____	_____
_____	_____

Credit Card Purchase: Name on Card _____ Signature _____

VISA Master Card Acct. No. _____ Expires _____

QTY. ORDERED	UNIT OF MEAS.	MODEL NO.	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT

Please contact us immediately should there be any problem with your shipment. Thank you for your order . . . we appreciate your business!

SUB-TOTAL	
7.0% CA TAX	
SHIPPING	
TOTAL	

The SwingBack Company • P.O. Box 13957 • San Luis Obispo, CA 93406-3957
Tel: (805) 596-5443 • Fax: (805) 543-0558 • www.swingback.com