# Retailer Wholesale Order Form

| ITEM CODE | DESCRIPTION | COLOR | UNIT COST | QTY | TOTAL |
|---|---|---|---|---|---|
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**METHOD OF PAYMENT**

☐ *Check or money order payable in U.S. funds to* ***NuAngel, Inc.***

☐ Credit Card Pmt. ☐ Visa ☐ MC ☐ Discover ☐ American Ex.

Name on Card: _____

Card Number: _____

Exp. Date: _____

*Purchase Orders Accepted Upon Approval*

Purchase Order No.: _____

| | |
|---|---|
| Sub Total | |
| 6% Shipping on Domestic Orders<br>Contact for International Cost<br>($5.00 shipping minimum on all purchases) | |
| **ORDER TOTAL** | |

Resale Certificate #:

* Pricing & packaging subject to change

**SHIP TO:**

Name (ATTN): _____

Business: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Fax: _____ Phone: _____

**BILL TO: (if different)**

Name (ATTN): _____

Business: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Fax: _____ Phone: _____

Special Instructions or Comments:

Buyer's Signature: _____

Buyer's Name: _____

Date: _____

**Mail To:** NuAngel, Inc.
14717 Friend Road
Athens, AL 35611

**Fax To:** (256) 729-5111
**Toll Free:** 1-866-83ANGEL
**Phone:** (256) 729-5000

**Email:** order@NuAngel.com
**Web:** www.NuAngel.com

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