Wicks & Wax Order Form

Customer #	(returning customers)	**Date**	
Name		**Company Name**	
Phone		**Phone 2**	
email			

Shipping Address

Street		**City**	
Province/State		**Postal/Zip Code**	

Item #	Description/Colour/Scent etc.	Qty	Unit Cost	Ext. Cost

Shipping & Handling will be calculated & added along with applicable taxes

Confirm your total prior to billing?	**YES** ☐	**NO** ☐	

PayPal Payments – enter your email address and we will send you a payment request

PayPal Email Address:

Please complete all fields below for credit card payment

VISA / MASTERCARD / AMEX # :

EXPIRY DATE :	**CARD VERIFICATION #:**
NAME ON CARD:	
ISSUING BANK:	

Save or Print to PDF and email to sales@wicksandwax.com