

MAILING & SHIPPING ADDRESS:

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2024 WHOLESALE CATALOG ORDER FORM							
Date: P.		P.O. #:	S	Special Instructions:			
Your Name:							
					mail:		
Billing Address:					Method of Payment:		
					Check / □ Money Order Enclosed for \$		
Shipping Address:					Established Institutional Account COD M.O.		
					Visa □ MasterCard □ Amex □ Discover □ PayPal		
					Card #: Exp:		
					Cardholder: CVV2:		
rax#:					ignature:		
	Qty.	Item #	Description			Unit Cost	TOTAL
1							
2							
2 3							
4							
4 5							
6							
6 7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
				(MINIMUM ORDER \$175.00)	Subtotal		
MasterCard MasterCard Cards Cards					Please Call for a Shipping Estimate †		
					Insurance (\$0.45 per \$100.00)		
Please allow 1-3 weeks for delivery.					TOTAL AMOUNT*		