

Wholesale Order Form

Bill to:	Ship to:	Order Date:
_____	_____	_____
_____	_____	Telephone: _____
_____	_____	Fax Number: _____
_____	_____	_____

Your name: _____ Purchase Order Number: _____ Email: _____

Shipping instructions: _____

New Accounts: Please include three trade references and a bank reference. Include company or bank name, address, phone and account number. You may either pay for your first order at the time of ordering or receive the order C.O.D.

Trade Reference #1. _____

Trade Reference #2. _____

Trade Reference #3. _____

Bank Reference _____

Hats		Quantity per Size											Qty Subtotal	
Style	Color	54 (6¾)	55 (6⅞)	56 (7)	57 (7⅛)	58 (7¼)	59 (7⅜)	60 (7½)	61 (7⅝)	62 (7¾)	63 (7⅞)	64 (8)	65 (8⅞)	

Hat Bands and Chin Straps		Qty Subtotal
Style	Color	

Other Accessories and Supplies	Qty Subtotal
Style	
#3006 Felt Tape, 40 ft. roll	

Total Quantity
Akubra Hats Ordered: _____

Total Quantity
Hat Bands and Chin Straps Ordered: _____

Total Quantity
Other Accessories Ordered: _____