



Wholesale Order Form

ProTickMe Kit, Poster, Educational Pamphlet

SOLD TO

Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Phone _____ Fax _____
 E-mail Address _____

SHIP TO

Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Phone _____ Fax _____
 E-mail Address _____

QTY	DESCRIPTION	UNIT PRICE	ITEM TOTAL
_____	ProTickMe Kit(s)	\$ _____	\$ _____
_____	Educational Poster(s)	\$ _____	\$ _____
_____	Educational Pamphlets (100/pack)	\$ _____	\$ _____
		SUB-TOTAL	\$ _____
		SALES TAX	\$ _____
		SHIPPING	\$ _____
		GRAND TOTAL	\$ _____

CREDIT CARD INFORMATION

Name on Card _____
 Card Number _____ Expiration Date _____
 Billing Address _____

VISA
 Master Card
 Discover

3-digit security code from back of card _____

Cardmember Signature X _____

Fax completed order form to 207-892-3831
 Contact Bob Maurais at 207-205-5562 if you have additional questions.
Visit us online at www.mainelyticks.com