



SLEEP TIGHT
SUPPLIES

ORDER FORM

E-mail to orders@sleeptight.com
E-fax (415) 795 4550

Acct# _____

NEW ACCOUNT RE-ORDER

S O L D T O			S H I P T O		

ORDER DATE	CUSTOMER P.O. #	PHONE	SPECIAL INSTRUCTIONS
BUYER'S NAME			
SHIP VIA	EMAIL		

	QUANTITY ORDERED	ITEM #	CASE OR PACK	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

THIS ORDER SUBJECT TO APPROVAL.
SHIPPING CHARGES ADDED WHEN ORDER IS PROCESSED.
ANY ORDERS MADE AFTER 3:30PM PACIFIC TIME WILL BE PROCESSED THE FOLLOWING BUSINESS DAY.
THANK YOU FOR YOUR BUSINESS.

SUB TOTAL	
LOCAL TAX 8.5%	
SHIPPING	
DISCOUNT	
GRAND TOTAL	

AUTHORIZED CARD HOLDER

NAME _____
 ADDRESS _____
 CITY _____
 STATE, ZIP _____
 COUNTRY _____

VISA MasterCard Discover American Express
 CARD# _____
 EXP DATE _____
 SIGNATURE _____
 CSC _____

FOR OFFICE USE ONLY

CC Auth #
Payment Method
Invoice #
Invoice Date
Sales Rep.

SIGNATURE OF AUTHORIZED CARD HOLDER