# ORDER FORM

DATE:

ORDER NO:

☐ SHIP ASAP

☐ FUTURE SHIP DATE:

## RETAILER INFORMATION

| | | |
|---|---|---|
| STORE NAME: | CONTACT: | |
| SHIPPING ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| BILLING ADDRESS: ☐ SAME AS SHIPPING | | |
| EMAIL: | PHONE: | |

| ITEM NUMBER | DESCRIPTION | QTY | PRICE/UNIT | SUBTOTAL |
|---|---|---|---|---|
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| | | | TOTAL BEFORE SHIPPING: | |

CREDIT CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

| | | |
|---|---|---|
| CARD NUMBER: | NAME ON CARD: | |
| EXPIRATION DATE: | SECURITY CODE: | BILLING ZIP: |
| SIGNATURE: | | |

WHEN IT RAINS, LLC
405 LEXINGTON VILLAGE, PEACHTREE CITY, GA 30269
EMAIL ALL ORDERS TO: HELLO@WHENITRAINSPAPER.COM
WWW.WHENITRAINSPAPER.COM