SERRV INTERNATIONAL

WHOLESALE BULK PREORDER FORM

Customer Number _____
Date _____
PO Number _____

Thank you for placing a Bulk Preorder!

Please submit this order to wholesale@serrv.org.

1. CUSTOMER INFORMATION

Company/Organization _____ Contact Person _____

2. BILLING ADDRESS

Street Address or PO Box _____
City _____ State _____ Zip _____
Email _____ Phone _____

3. SHIPPING ADDRESS Complete only if different from #2.

Street Address _____
City _____ State _____ Zip _____
Email _____ Phone _____
Do you have a dock for freight shipments? ☐ Yes ☐ No

4. DELIVERY INFORMATION

What is your requested delivery date? _____

5. PAYMENT

If you order product no longer carried by SERRV or exclusive to you, a 50% deposit is required.
Will you use a credit card or a check? _____

Email _____ Phone _____

6. ORDER

SKU	ITEM NAME	QTY	WHOLESALE PRICE	TOTAL (YOUR PRICE × QTY)	CONFIRMED? FOR INTERNAL USE

TOTAL: _____

CUSTOMER CARE HOURS
Mon–Thurs 9 am–6 pm · Fri 9 am–3 pm Eastern