THE ORIGINAL NicClean® NICOTINE CLEANING WIPE

Order Form

To place your order, please complete this Order Form and fax it to: 1-320-203-7677.
We will call to confirm your order and with any questions.

Business Name _____
Business Address 1 _____
Business Address 2 _____
City _____ State/Prov _____ Zip _____
Country _____
Business Phone _____
Business Fax _____
Your Name _____
Your Title _____
Your Phone(if different than Business Phone): _____
Your email _____

Shipping Information (if different than above address)

Business Name _____
Business Address 1 _____
Business Address 2 _____
City _____ State/Prov _____ Zip _____
Business Phone _____

Order

Place my order for _____ cartons (100 Individually wrapped single-use wipe packages per carton)
_____ cartons x $50 each = _____. Shipping and handling: _____ per carton

Total _____

Payment Method:

Corporate PO: _____
(Must have Account Information and completed credit reference on file with HAWK Enterprises, LLC)

Credit Card: ☐ Visa ☐ Master Card

Print Name on Account: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐/☐☐/☐☐ (mm/dd/yy)

Billing Information (if different than shipping address)

Business Name _____
Business Address 1 _____
Business Address 2 _____
City _____ State/Prov _____ Zip _____
Business Phone _____

I agree to have HAWK Enterprises, LLC charge the account I have indicated for the total amount of this transaction including all shipping and handling charges.

_____ _____
Print Name on Account Signature Authorizing payment on account

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