

Wholesale Order Form (Min Order 24 Units)

Dread Head World Clothing, LLC
P.O. Box 362071, Decatur, GA 30034

Ph. 404-786-5772 Fax 404-601-4486
Email:Sales@dreadheadworld.com

Shirts Retail \$25-\$30

***Red w/ White Logos** - \$15 (Please indicate the quantity of each size)

Small _____ Medium _____ Large _____ X-Large _____ 2XL _____ 3XL _____ 4XL _____

Total Qty _____ **Total \$** _____

***Black w/ White Logos** - \$15 (Please indicate the quantity of each size)

Small _____ Medium _____ Large _____ X-Large _____ 2XL _____ 3XL _____ 4XL _____

Total Qty _____ **Total \$** _____

***Military Green w/ White Logos** - \$15 (Please indicate the quantity of each size)

Small _____ Medium _____ Large _____ X-Large _____ 2XL _____ 3XL _____ 4XL _____

Total Qty _____ **Total \$** _____

***White w/ Royal Blue Logos** - \$15 (Please indicate the quantity of each size)

Small _____ Medium _____ Large _____ X-Large _____ 2XL _____ 3XL _____ 4XL _____

Total Qty _____ **Total \$** _____

***White w/ Red Logos** - \$15 (Please indicate the quantity of each size)

Small _____ Medium _____ Large _____ X-Large _____ 2XL _____ 3XL _____ 4XL _____

Total Qty _____ **Total \$** _____

***Navy Blue w/ Light Blue Logos** - \$15 (Please indicate the quantity of each size)

Small _____ Medium _____ Large _____ X-Large _____ 2XL _____ 3XL _____ 4XL _____

Total Qty _____ **Total \$** _____

Mesh Caps (One Size fits all) Retail \$20-\$25

Air Pockets (Open Back) \$12

Red _____ White w/ Red Logo _____ Royal Blue _____ Navy Blue _____

Black _____ White w/ Royal Blue Logo _____ Black w/ Red Logo _____

Total Qty _____ **Total \$** _____

Flat Dome \$12

Black _____ White _____

Total Qty _____ **Total \$** _____

Tear Drop (Rear Pouch) \$12

Black _____ White _____ Red _____

Total Qty _____ **Total \$** _____

TOTAL UNITS: _____

SUB TOTAL \$ _____

7% GA. Sales Tax \$ _____

GRAND TOTAL \$ _____

Shipping Method

Shipping Charges will be added once the order is received & weighed. Your **Final Invoice** will be emailed for **Approval** & will contain all **Shipping** charges. Orders are shipped **NEXT DAY** after **FULL PAYMENT** is received unless out of stock.

THANK YOU for Your Order!

PAYMENT

____ Pay by Credit Card & Fax Invoice (**ALL PAGES**)

____ Paypal Invoice (Fax **ALL PAGES** & we'll email your Paypal Invoice for payment)

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Ship To: Same address as above____ (check) **If different use boxes below**

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Payment w/ credit card

Credit Card type: VISA / MC (Circle One)

Card # _____ exp. _____

Security code: _____ (last 3 digits from the string of numbers on the back of your card on signature strip)

Name as it appears on card: _____

Address card is billed to: _____

City: _____ State: _____ Zip: _____

