

# Order Request Form



Date (mm/dd/yyyy):

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## Information :

Company:

Billing Address:

Shipping Address:

Payment Method:  
(Payment term: 100% before  
shipment)

Wire  
ACH  
Credit Card/PayPal (+2.9% transaction fee)

Contact name:

Phone:

E-mail Address:

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## Product :

Single Use Surgical Mask (box)	50 pcs/box
KN95 Mask (box)	50 pcs/box
50ml Hand Sanitizer (case)	240 bottles/case; random flavor
500ml Hand Sanitizer (case)	20 bottle/case

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## Delivery :

Deliver to location: