AltiCare

DEALER ORDER FORM

426 Century Lane, Suite 300 · Holland, MI 49423
contact@alticare.com

ACCOUNT & SHIPPING INFORMATION

Dealer/Account:	PO #:
Contact Name:	Email:
Billing Address:	Order Date:
Shipping Address:	Phone:

ALTIWRAP

Item	Size	SKU	Unit Price	Qty	Line Total
AltiWrap	Medium	AW-M	$ _____	___	$ _____
AltiWrap	Large	AW-L	$ _____	___	$ _____

ALTISOCK

Item	Size	SKU	Unit Price	Qty	Line Total
AltiSock	Medium	AS-M	$ _____	___	$ _____
AltiSock	Large	AS-L	$ _____	___	$ _____

ALTIBAND

Size	SKU	Unit Price	Qty	Line Total
5x6	AB-6	$ _____	___	$ _____
5x8	AB-8	$ _____	___	$ _____
5x10	AB-10	$ _____	___	$ _____
5x12	AB-12	$ _____	___	$ _____

ORDER TERMS & NOTES

Payment terms: _____
Minimum order: _____

Backorders: Ship when available / Cancel
Returns require prior authorization.

☐ New account — attach resale / tax certificate

Subtotal	$ _____
Shipping	$8.00
ORDER TOTAL	**$ _____**

NOTES

Authorized Signature: Print Name: Date:

Submit completed forms to forms@alticare.com