

QUALITY CARE ORDER FORM

Customer: _____ Sales Rep: QualityCare - JK 561-308-8359

Date: _____



WHOLESALE

*Does not include \$9.99 shipping

Items	Milligrams	Quantity	Custom Price	Total*	Suggested Retail
CBDrops 1500 - OIL 15mL Bottle	1500mg	_____ X	\$ 57.00 =	\$ -	\$97-\$115
CBDrops 3000 - OIL 15mL Bottle	3000mg	_____ X	\$ 102.60 =	\$ -	\$175-\$200
CBDeluxe 750 - 30 Gel Caps	25mg	_____ X	\$ 34.20 =	\$ -	\$58-\$70
CBDeluxe 2250 - 30 Gel Caps	75mg	_____ X	\$ 79.80 =	\$ -	\$135-\$160
CBDream 300 - 30 Dissolving Tablets	10mg	_____ X	\$ 29.64 =	\$ -	\$50-\$60
CBDream 750 - 30 Dissolving Tablets	25mg	_____ X	\$ 44.46 =	\$ -	\$75-\$90
CBDiscomfort - Pain Cream	175mg	_____ X	\$ 23.75 =	\$ -	\$40-\$48
CBDraw - Vape Battery, Pen & Case	N/A	_____ X	\$ 25.08 =	\$ -	\$43-\$50
*CBDraw - CBD Vape Cartridge (see below)	225mg	_____ X	\$ 30.78 =	\$ -	\$52-\$60

SUBTOTAL	\$ -
SHIPPING:	\$ 9.99
TOTAL	\$ -

<---Free for \$700+ Orders

Questions? Call Jaime 561-308-8359

jaime@pharmacanna.us



*Vape Cartridge Flavors	Orange	Pineapple	Straw - berry	Grape	Indica Blend	Total Vape Cartridges
<small>How many of each flavor?</small>	_____	_____	_____	_____	_____	0

CHECK AND CREDIT CARD PAYMENTS

Credit Card Number _____ Exp Date _____ Code _____ Name / Business Name _____ Billing Address _____ City _____ State _____ Zip _____	CC* <input type="text" value="\$ -"/> *Total with 3% credit card fee <input type="checkbox"/> Check to keep card on file for future orders.
--	--

ACH PAYMENTS

Payor Name _____	Payor Nickname _____
Bank Acct Type (Checking or Savings): _____	
Account Number: _____	Routing Number _____
Account type (Business or Personal): _____	

SHIPPING ADDRESS

If Shipping address is different:

City _____ State _____ Zip _____

Email Address: _____

Phone Number: _____

Signature _____

Date _____

Print Name _____

Please reach out to Jaime at 561-308-8359 or email at jaime@pharmacanna.us www.pharmacanna.us

