

Wholesaler Application

Please return this form with a signed copy of the Wholesale Terms and Conditions.

Business Name: _____

Primary Contact: _____

Business Shipping Address: _____

Business Billing Address: _____

Business Phone Number: _____

Business Email: _____

Website: _____

Shipping Method Preferred: Purolator Account Number _____

Fed Ex Account Number _____

Canada Post

HHCC Delivery (where available)

Preferred Payment Method: Visa Mastercard Cheque

E-transfer Bank Draft

Please keep my credit card information on file for all future transactions _____ (initial)

Is this a veterinary clinic: Yes No

Signature: _____

High Horse Cookie Company

Application approved by: _____

Signature: _____

Date: _____

Order Form

Date: _____

Business Name: _____

Product Samples requested (maximum of 10% of total order)

Yes _____ samples No

Product to be ordered (minimum 5 units):

<input type="checkbox"/> Sneaky Snack 15 count	_____ units	@ \$9.75	= \$ _____
<input type="checkbox"/> Sneaky Snack 30 count	_____ units	@ \$17.55	= \$ _____
<input type="checkbox"/> Sneaky Snack 60 count	_____ units	@ \$25.99	= \$ _____
<input type="checkbox"/> Sneaky Snack 90 count	_____ units	@ \$32.50	= \$ _____
<input type="checkbox"/> Sneaky Snack SLIM 15 count	_____ units	@ \$9.75	= \$ _____
<input type="checkbox"/> Sneaky Snack SLIM 30 count	_____ units	@ \$17.55	= \$ _____
<input type="checkbox"/> Sneaky Snack SLIM 60 count	_____ units	@ \$25.99	= \$ _____
<input type="checkbox"/> Sneaky Snack SLIM 90 count	_____ units	@ \$32.50	= \$ _____

Order Amount: \$ _____

GST (5%) \$ _____

Order Total: \$ _____

Signature: _____

For Company Use Only

Order Number: _____

Payment Received:

Order Filled:

Order Shipped: Tracking Number _____



High Horse Cookie Company
Box 1643 Stettler, AB T0C2L0
www.highhorsecookieco.com
highhorsecookieco@gmail.com

Return Request Form

Business Name: _____

Reason for Return: Damaged on delivery Wrong product delivered
 Near expiry Expired
 Other: _____

Return Credit: Store Credit Replacement Product

Signature: _____

_____ **For Company Use Only**

Return Number: _____

Close to expiry Expired

Replacement order filled:

Replacement product shipped:

