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ORDER FORM

RETAILER INFORMATION Existing New ORDER DATE: _____ SHIP DATE: _____

Retailer Name: _____ Contact Name: _____

Email: _____ Phone: _____ Website: _____

Shipping Address: _____

City: _____ Prov/State: _____ Postal Code/Zip Code: _____

Billing Address: Same As Shipping _____

STYLE NAME/SKU	QTY.	UNIT COST	SUBTOTAL	STYLE NAME/SKU	QTY.	UNIT COST	SUBTOTAL
SUBTOTALS				SUBTOTALS			

NOTES:

ORDER TOTAL

Total before shipping & applicable taxes
Shipping amount will be provided on final invoice

PAYMENT OPTIONS:

- Email invoice & payment link when order is ready to ship.**
Please ensure email address above is correct.
- Provide credit card info below. Invoice will be emailed.**
Credit card will be charged when order is shipped, unless otherwise noted.

Credit Card Number: _____ Expiry: _____ Security Code: _____ Billing Postal/ Zip Code: _____

Name on Card: _____ Signature: _____