



HOME CARE DEODORANT /SPOTTER ORDER FORM

Distributor Information

PO#: _____

Order Quantity: (4 case minimum) _____

Apple Cherry Lemon Pet Stain & Deodorant Spring Breeze Home Care Spotter

Distributor Company Name: _____

City, Province/State: _____

Step 1 - Label Information

- New Customer
 Repeat Customer

Company Name: _____

Include your company name as you would like it to appear on the bottle. **Note: Please print clearly**

***If you are a repeat customer please proceed to Step 3**

Phone Number: (include area code if desired) _____

Step 3 – Repeat Customer

No changes required from previous label

Changes required: _____

FAX COMPLETED ORDER FORM TO (403) 291-0546