



Wholesale Order Form

Please select the products and quantities you wish to order below, complete the billing/shipping information, then fax this form to (972) 294-5047. Orders are normally processed within 24 hours of receipt except on holidays and weekends. Prices shown do not include shipping charges. All letter orders are shipped via USPS Priority Mail. Orders including display are shipped UPS Ground. For ordering assistance, please call us at (972) 672-0557.

Individual Letters

Shiny Greeks are sold wholesale in packages of 10 letters each at a cost of \$2.50 per letter or \$25.00 per 10-pack. Each letter is individually packaged in a barcoded hang bag for easy integration with store POS systems. Enter **the number of 10-packs** you wish to order on the lines shown next to each letter.

___ A (Alpha)	___ Z (Zeta)	___ Λ (Lambda)	___ Π (Pi)	___ Φ (Phi)
___ B (Beta)	___ H (Eta)	___ M (Mu)	___ P (Rho)	___ X (Chi)
___ Γ (Gamma)	___ Θ (Theta)	___ N (Nu)	___ Σ (Sigma)	___ Ψ (Psi)
___ Δ (Delta)	___ I (Iota)	___ Ξ (Xi)	___ T (Tau)	___ Ω (Omega)
___ E (Epsilon)	___ K (Kappa)	___ O (Omicron)	___ Υ (Upsilon)	___ F
___ J				

Displays and Starter Kits

Please enter the quantity you want on the lines shown next to each description.

Shiny Greeks Display

Measures 24"H x 18"W and provides 28 - 2" hooks for hanging Shiny Greeks letters.

___ **\$20.00 ea.**

Shiny Greeks Deluxe starter kit

Includes 10 of each Shiny Greeks letter (260) and a Shiny Greeks countertop/wall display.

___ **\$650.00 ea.**

Shiny Greeks Junior starter kit

Includes 5 of each Shiny Greeks letter (130) and a Shiny Greeks countertop/wall display.

___ **\$345.00 ea.**

Shiny Greeks A La Carte starter kit

Includes 15 Shiny Greeks letter 10-packs of your choice (150) and a Shiny Greeks countertop/wall display. Please circle the 15 letters you want included below.

___ **\$470.00 ea.**

A B Γ Δ E Z H Θ I K Λ M N
Ξ O Π P Σ T Y Φ X Ψ Ω F J

Billing/Shipping Information

Name _____

Company _____

Address _____

Address 2 _____

City _____ State _____

Zip _____

Phone _____

Fax _____

Email _____

Credit Card Information

Type of card: ___ Visa ___ MC ___ Amex

Credit Card # _____

Expiration date _____ Security Code _____

Fax completed form to (972) 294-5047.