KratomCollection Order Form

94 Maple st
Medford NY 11763

****PLEASE MAKE ALL ORDERS PAYABLE TO **WORLD SS INC****

WE WILL NOT BE ABLE TO CASH IT OTHERWISE

PLEASE PRINT:

Name:_____

Address:_____

City:_____**State:**_____**Zip:**_____

Email:_____

ITEM NAME:	QTY:/ WEIGHT	PACKAGE# OF UNITS:	PRICE EACH:	TOTAL PRICE:

NOTEPLEASE CHECK THE BOX BELOW INDICATING THAT YOU HAVE READ AND ACCEPT OUR TERMS OF USE

WITHOUT THIS ACCEPTANCE WE CAN NOT PROCESS YOUR ORDER AND IT WILL BE CANCELED.

ORDER TOTAL: _____

****SALES TAX (NY ONLY)****_____

SUBTOTAL: _____

SHIPPING_____

TOTAL AMOUNT ENCLOSED:

_____

****CASH OR MONEY ORDER ONLY****

☐ ***I have read and accept the terms of use***