

Wholesale order form

Gut' Shu wu Inc.

P.O. box 273
Hoonah Alaska 99829
Phone (907) 945-3553
gutshuwu.com

52 to 199 ounces order.	200 ounces or more
1 oz. Skookem Ointment \$7.00 2 oz. Skookem Ointment \$14.00 4 oz. Skookem Ointment \$28.00 8 oz. Skookem Ointment \$56.00 16 oz. Skookem Ointment \$112.00	1 oz. Skookem Ointment 2 for \$10.00 2 oz. Skookem Ointment \$10.00 4 oz. Skookem Ointment \$20.00 8 oz. Skookem Ointment \$40.00 16 oz. Skookem Ointment \$80.00
1 oz. Kooshda a naw'x (Landotter medicine) \$12.00 2 oz. Kooshda a naw'x (Landotter medicine) \$20.00 4 oz. Kooshda a naw'x (Landotter medicine) \$35.00	1 oz. Kooshda a naw'x (Landotter medicine) \$8.00 2 oz. Kooshda a naw'x (Landotter medicine) \$16.00 4 oz. Kooshda a naw'x (Landotter medicine) \$25.00
1 oz. Devils Club Ointment \$7.00 2 oz. Devils Club Ointment \$14.00 4 oz. Devils Club Ointment \$28.00 8 oz. Devils Club Ointment \$56.00 16 oz. Devils Club Ointment \$112.00	1 oz. Devils Club Ointment 2 for \$10.00 2 oz. Devils Club Ointment \$10.00 4 oz. Devils Club Ointment \$20.00 8 oz. Devils Club Ointment \$40.00 16 oz. Devils Club Ointment \$80.00

Instructions for wholesale order form

- Call 907-945-3553, pre authorization required.
- Shipping cost will be calculated at the time of shipping.
- Fax to 907-945-3553 or
- Mail order form to:

Gut' Shu wu Inc.
PO Box 273
Hoonah Alaska, 99829



Gut' Shu wu Inc.

Wholesale order form

Date: _____

Phone
Name
Address
City, St, Zip

Qty	Size	Description	Unit Price each	Line Total
	1 oz.	Skookem Ointment		
	2 oz.	Skookem Ointment		
	4 oz.	Skookem Ointment		
	8 oz.	Skookem Ointment		
	16 oz.	Skookem Ointment		
	1 oz.	Kooshda a naw'x (Landotter medicine)		
	2 oz.	Kooshda a naw'x (Landotter medicine)		
	4 oz.	Kooshda a naw'x (Landotter medicine)		
	1 oz.	Devils Club Ointment		
	2 oz.	Devils Club Ointment		
	4 oz.	Devils Club Ointment		
	8 oz.	Devils Club Ointment		
	16 oz.	Devils Club Ointment		

S&H will be calculated when processed	Total	
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Visa or MasterCard only

contact number

Expires _____

VIN code (Last 3 digits in the signature box)

Authorized Signature

Date