

Knights of Columbus



| ALL ORDERS MUST BE RECEIVED 30 DAYS PRIOR TO SHIPMENT - SEND NO MONEY WITH THIS ORDER CONTACT INFORMATION | | | | | |
|--|-----------------------------|----------------------|-------------------|--------------|--|
| | | | | | |
| | ct Person: | | | | |
| Contact Email: | | | Contact Phone: | | |
| Date of Drive: | | | | | |
| SHIP TO ADDRESS - This MUST be a BUSINESS ADDRESS with a daytime phone number RESIDENTIAL ADDRESS WILL NOT BE SHIPPED | | | | | |
| Name: | | | | | |
| | | | | - | |
| | | | | | |
| City/State/Zip Cod | ae: | | | | |
| Phone: | BILL | L TO ADDRESS - This | MUST be a COUNCIL | | |
| Council #: | | | | | |
| _ | | | | | |
| _ | | | | | |
| _ | • | | | | |
| City/State/Zip Code: ORDER INFORMATION | | | | | |
| DO NOT SEND TO TOOTSIE ROLL IF LESS THAN 18 CASES ARE ORDERED →Orders of 33 cases or more will be shipped without freight charges. →Orders of 18 - 32 cases will be subject to freight up-charge of 5% of the total order. →Orders of 17 cases and under will not be accepted or shipped unless combined with other Councils for a total of 18 cases or more to the same shipping location, shipped at the same time. Each Council order must be 5 cases or more. | | | | | |
| Item | Description | Quantity | | Total Cost | |
| 914 | K OF C TOOTSIE ROLL 300 | 0 CT | \$19.50 | | |
| 9690 | K OF C TR BANK/HAT 12 F | PAK | | op | |
| Item 9690 - Indicate the number of K/C Caps and Collecting Canisters needed. There are 12 to each case, one case with every 16 cases of candy ordered. NONE will be shipped if left blank. | | | | | |
| | Every 10 cases or carray or | | зпрреч п ен ышт. | | |
| | | Totals | | | |
| AGREEMENT OF SALES | | | | | |
| I agree to pay the invoice amount within 30 days after the completion of the drive unless I request and am granted additional time by you in writing. | | | | | |
| Financial Secretary: | | | | | |
| Email: Phone: COMBINED COUNCIL INFORMATION | | | | | |
| Council #: | | | | | |
| - | | Qty: | | | |
| Council #: | | Qty: | | | |
| Council #: | | Qty: | | | |
| Council #: | | Qty: FORM DISTRIB | UTIONLIST | <u> </u> | |
| Three Copies Required | | | | | |
| Retain copy for you Mail or email copy Mail copy to : Region | | | | en@gmail.com | |

Email or call with questions to: aandkmaureen@gmail.com - or - (708) 423-5193