



Gourmet Chocolate Order Form

BILL TO:

Organization _____

Fundraising Chairperson _____

Address: _____

City _____ State _____ zip _____

Phone Number _____

DATE YOU WOULD LIKE TO RECEIVE THE PRODUCT!

Ship To: _____



Organization _____

Attention _____

Address _____

City _____ State _____ zip _____

Email Address _____

Chocolate Item Name	Item Code	Quantity	Cost	Subtotal
	AP52		\$31.20	
12 ea Caramel, Toasted Almond, Crispy Rice, Peanut Butter & Dark Chocolate		<i>That's over \$20 per box profit!</i>		
	HT40		\$24.00	
Caramel (9), Toasted Almond (9), Crispy Rice (9), Peanut Butter (9) & Toffee Crisp (4)		<i>That's \$16 per box profit!</i>		

THANK YOU! **TOTAL AMOUNT DUE:** _____

Specify Date you would like to receive product: _____



TOTAL Enclosed: _____

Please fax your completed form to: 678-623-5804

Payments can be made with check, Visa/Mastercard/American Express

Special Instructions: _____

Cardholder name: _____

Credit card billing address: _____

Credit Card #: _____ Exp: _____ Verification code: _____

Cardholder Signature: _____ Total order forms submitted: _____