



Mail-Order Form

Customer Information:

First Name: _____ **Last Name:** _____

Shipping Address: _____

Telephone: _____

E-Mail: _____

Order Information:

Order Date: _____

<u>Item Code</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Total Amount</u>
CSWTF	(350pc) Tri-Flavor Fortune Cookies	_____	x \$ 12.00	= \$ _____
CSWCOB	(350pc) Vanilla Fortune Cookies	_____	x \$ 10.85	= \$ _____
CSWCIB	(350pc) Citrus Fortune Cookies	_____	x \$ 10.85	= \$ _____
CSWCHB	(350pc) Chocolate Fortune Cookies	_____	x \$ 12.00	= \$ _____

<u>Shipping & Handling Charge</u>	<u>Qty</u>	<u>Unit Price</u>	
UPS Ground	_____	x \$ 24.00	= \$ _____
Total:			= \$ _____

Payment Method:

Credit Card Only; No Check Accepted

Credit Card Information:

Billing Address: _____

Credit Card #: _____ **Expiration:** _____

***** Name on card if different:** _____

© Please fax order form to (718) 628-7788