| FOR OFFICE | ACCOUNT NUMBER | | | | | | SHIP DATE | |
|---------------|----------------|----|--|--|--|---|-----------|--|
| USE ONLY | | 24 | | | | R | | |



Knights of Columbus



ALL ORDERS MUST BE RECEIVED

30 DAYS PRIOR TO SHIPMENT

TOOTSIE ROLL ORDER FORM

| | | | | ~ | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|--------------|--|--|--|--|--|--|
| CASES ORDERED ITEM NO | | | COST | TOTAL COST | | | | | | |
| 914 | ТОО | S OF COLUMBUS TSIE ROLLS UNT PER CASE | \$19.50 Case | | | | | | | |
| ORDERS WITH 33 CASES OR MORE WILL BE SHIPPED WITH NO FREIGHT CHARGES. | | | | | | | | | | |
| , | ORDERS PLACED FOR 18-32 CASES WILL BE SUBJECT TO A FREIGHT CHARGE OF 5% OF THE TOTAL ORDER. | | | | | | | | | |
| CASES ORDERED ITEM NO | 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. EACH COUNCIL MUST BE 5 CASES OR MORE. | | | | | | | | | |
| 9690 | INDICATE THE NUMBER OF K/C CAPS AND COLLECTING CANISTERS NEEDED. THERE ARE 12 TO A CASE, ONE CASE WITH EVERY 16 CASES OF CANDY ORDERED. | | | | | | | | | |
| NONE WILL BE SHIPPED IF LEFT BLANK. | | | | | | | | | | |
| This MUST be a business address with a daytime phone number. | | | | | | | | | | |
| RESIDENTIAL ADDI | RESS WILL NOT BE | | MUST BE A | COUNCIL | | | | | | |
| SHIP TO: | | BILL TO: | | , | | | | | | |
| | | | | | | | | | | |
| | | | Name | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | Zip | 1 1 | | | | | | | | |
| Phone | | State | | Zip | | | | | | |
| AGREEMENT OF SALES I agree to pay the invoice amount within 30 days after completion of drive unless I request and am granted additional time by you in writing. I must inform you in advance before a return can be made and then only unopened cases totaling not more than 10% of the total order. I shall prepay freight on all returned candy. No candy may be returned after 60 days from the date of invoice. | | | | | | | | | | |
| Print Name | | Financial , Secretary Phone | # | | | | | | | |
| Print Name | | | | | | | | | | |
| Council No | No. of Cases | Council No. | | No. of Cases | | | | | | |
| Council No. | No. of Cases | Council No. | | No. of Cases | | | | | | |
| SEND NO MONEY WITH ORDER Send WHITE copy to: TOOTSIE ROLL K/C PROGRAM KC-001 | | | | | | | | | | |

P.O. Box 633, Oak Lawn, IL 60454 REGIONAL CO-ORDINATOR

Send YELLOW copy to:

Retain PINK copy for COUNCIL FILES