FOR OFFICE USE ONLY	ACCOUNT N	UMBER	SHIP DATE



Knights of Columbus



M	TOOTSIE ROLL ORDER FORM						
CASES ORDERED ITEM N	KNIGHTS OF COLLIMBI		COST TOTAL COST S19.50 Case				
CASES ORDERED TEM N 969 This MUST be a l	Exert coordie west be 3 c.	ES WILL BE SUBJECT TO E TOTAL ORDER. ER WILL NOT BE ACCEPTH OTHER COUNCILS FORME SHIPPING LOCATION ASES OR MORE. CAPS AND COLLECTING 12 TO A CASE, ONE CARY ORDERED.	O A PTED OR FOR A TOTAL ION. G				
	ADDRESS WILL NOT BE SHIPPED.	MUST	T BE A COUNCIL				
		No					
State	Zip						
			Zip				
I must inform y	AGREEMENT invoice amount within 30 days after completion of drivou in advance before a return can be made and then or hall prepay freight on all returned candy. No candy ma	OF SALES e unless I request and am gran ly unopened cases totaling not	ted additional time by you in writing. more than 10% of the total order.				
Print Name	Financial ———, Secretary	l y Phone #					
Print Name	, Chairmai	n Phone #	Date of				
Council No	No. of Cases (Council No	No. of Cases				
Council No	No. of Cases (Council No	No. of Cases				
	OTNE NO HONEY						

SEND NO MONEY WITH ORDER

Send WHITE copy to:

TOOTSIE ROLL K/C PROGRAM

P.O. Box 633, Oak Lawn, IL 60454

Send YELLOW copy to: REGIONAL CO-ORDINATOR

Retain PINK copy for COUNCIL FILES

ALL ORDERS MUST BE RECEIVED 30 DAYS PRIOR TO SHIPMENT

KC-001

SHIP	DATE	



ACCOUNT NUMBER

FOR

OFFICE USE ONLY

Knights of Columbus



KC-001

1.7	TOOTSIE ROLL O	TOOTSIE ROLL ORDER FORM					
CASES ORDERED	914 KNIGHTS OF COLUMBU TOOTSIE ROLLS 300 COUNT PER CASI	JS S	COST TOTAL COST				
RESIDENT SHIP TO: Address City	ORDERS WITH 33 CASES OR MONO FREIGHT CHARGES. ORDERS PLACED FOR 18-32 CAS FREIGHT CHARGE OF 5% OF THE ORDERS OF 17 CASES AND UND SHIPPED UNLESS COMBINED WITH OF 18 CASES OR MORE TO THE SEACH COUNCIL MUST BE 5	ES WILL BE SUBJECT TO A E TOTAL ORDER. ER WILL NOT BE ACCEPTI TH OTHER COUNCILS FO SAME SHIPPING LOCATIO CASES OR MORE. CAPS AND COLLECTING E 12 TO A CASE, ONE CASE OY ORDERED. LEFT BLANK. MUST 1 BILL TO: Council Name No. Address	ED OR R A TOTAL N. BE A COUNCIL				
	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.							
	Financia ————, Secretar	y Phone #	Data of				
Print Name	, Chairma	n Phone #	Date of Drive				
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

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ALL ORDERS MUST BE RECEIVED REGIONAL CO-ORDINATOR 30 DAYS PRIOR TO SHIPMENT

FOR OFFICE	ACCOUNT NUMBER			SHIP DATE		
USE ONLY						



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	TOO	S OF COLUMBUS DTSIE ROLLS DUNT PER CASE	\$19.50 Case					
+	ORDERS WITH 33 CA NO FREIGHT CHARC	ASES OR MORE WILL BE GES.	SHIPPED WITH					
		R 18-32 CASES WILL BE F 5% OF THE TOTAL OF						
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.							
9690	CANISTERS NEEDED	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 SH	IIPPED IF LEFT BLAN	JK.					
	siness address with a daytime ph DDRESS WILL NOT BE		MUST BE A CO	OUNCIL				
SHIP TO:		BILL TO:						
			lame					
				Mark State Control of the Control of				
	Zip							
Phone		State		Zip				
I must inform you	AGR voice amount within 30 days after co i in advance before a return can be m ll prepay freight on all returned cand	ade and then only unopened co	est and am granted additional ases totaling not more than 10	0% of the total order.				
Print Name		Financial, Secretary Phone #	<u> </u>					
				Date of Drive				
Council No	No. of Cases	Council No	No	o. of Cases				
	No. of Cases							
SEND NO MONEY WITH ORDER Send WHITE copy to: TOOTSIE ROLL K/C PROGRAM KC-00								

P.O. Box 633, Oak Lawn, IL 60454

Send YELLOW copy to: REGIONAL CO-ORDINATOR

Retain PINK copy for COUNCIL FILES