M&M Wintergreens Inc. Order Form

USE THIS FORM OR THE PAGES FROM THE PRICE LIST TO ORDER!

Company Name:

Contact Person:

Mailing Address (Street, City, State, and Zip):

Shipping Address (Street, City, State, and Zip):

PH: FX:

After Hours PH: E-mail:

Circle Appropriate List: Direct Ship Regular List Pre-Season Sale

Week that you want the products to ARRIVE:

Circle Appropriate Shipping Method: Pick Up Delivery Best Way

Item Code	Item Description	Quantity	Price	Total
			TOTAL	

***Please note: This total is for our products only….freight charges would be additional.**

<u>For Office Use Only:</u>

Order Entered: Initials__________________ Date_________________

Order Confirmed: Initials__________________ Date_________________

Info Verified in ACT: Initials_________________ Date_________________