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



Knights of Columbus



TOOTSIE ROLL ORDER FORM

| | | | | |
|---------------|---------|--|-----------------|------------|
| CASES ORDERED | ITEM NO | | COST | TOTAL COST |
| | 914 | KNIGHTS OF COLUMBUS TOOTSIE ROLLS 300 COUNT 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.

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.

| | |
|---------------|---------|
| CASES ORDERED | ITEM NO |
| | 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 ADDRESS WILL NOT BE SHIPPED.

MUST BE A COUNCIL

SHIP TO:

Address _____

City _____

State _____ Zip _____

Phone _____

BILL TO:

Council Name _____

No. _____

Address _____

City _____

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 _____, Chairman 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

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

KC-001

**ALL ORDERS MUST BE RECEIVED
 30 DAYS PRIOR TO SHIPMENT**