

8640 Argent Street Santee, CA 92071

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Email: customerservice@scentcofundraising.com

Preferred Payment Method

	CHECK ONE OPTION	○ Visa ○ MasterCard ○ Discover ○ American Express
Purchase Order.	☐ I am faxing an official Purchase Order.	Card Number:
☐ I am mailing in a check with this form. ☐ Charge my credit card now. *Please ensure that the Billing Address information	Billing Zip Code: Exp. Date:	
,	below matches the credit card.	Signature:
u.	Secon materies the create card.	Signature.

Mix Your Own Case Order Form

MUST CHOOSE 10 OR MORE ITEMS FOR FREE SHIPPING

Product	Sells for	Count	Cost	No. of Units	Extensio
Original Smencils	\$2	Bucket of 50	\$52		
Sweet Rewards Smencils	\$2	Bucket of 50	\$52		
Dessert Smencils	\$2	Bucket of 50	\$52		
Candy Counter Smencils	\$2	Bucket of 50	\$52		
Soda Shop Smencils	\$2	Bucket of 50	\$52		
Sweetheart Smencils	\$2	Bucket of 50	\$52		
Spring Smencils	\$2	Bucket of 50	\$52		
Halloween Smencils	\$2	Bucket of 50	\$52		
Holiday Smencils	\$2	Bucket of 50	\$52		
Smelly Gellies	\$2	Bucket of 50	\$52		
Fruit Zoo Mechanical Smencils	\$2	Bucket of 32	\$35		
Coffee Smens	\$2	Bucket of 32	\$35		
Dessert Smens	\$2	Bucket of 32	\$35		
Fruit Smens	\$2	Bucket of 32	\$35		
Glitter Gel Smens	\$2	Bucket of 32	\$35		
Yummy Gummy Backpack Clips	\$5	Bucket of 36	\$114		
Sporty Backpack Clips	\$5	Bucket of 36	\$114		
Oh So Yummy Backpack Clips	\$5	Bucket of 36	\$114		
Geladough	\$5	Bucket of 36	\$114		
orders that need to be shipped to a	CA address		strict & state		
				rder Total	

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Name:	
Email:	
Your Position:	_ Phone: ()

Billing Address

Today's Date (mm/dd/yy):	
Bill to:	
City:	
Zip:	Phone: ()

Shipping Address

Ship to:	☐ Use Billing Address
School/O	rganization:
Address:	
City:	State:
Zip:	Phone: ()