

SMILLOW ORDER FORM

CALCULATE THE AMOUNT COLLECTED FROM PARTICIPANTS:

ITEM LETTER:	A STRAWBERRY	B PINEAPPLE	C CUPCAKE	D S'MORES	E ROOTBEER	F CHOCOLATE SUNDAE
QUANTITY:						
RETAIL SELLING PRICE:	x \$25	x \$25	x \$25	x \$25	x \$25	x \$25
TOTAL COLLECTED:	\$	\$	\$	\$	\$	\$

1. Total Collected

CALCULATE THE AMOUNT OWED:

ITEM LETTER:						
QUANTITY:						
PRICE:	x \$15	x \$15	x \$15	x \$15	x \$15	x \$15
TOTAL DUE:	\$	\$	\$	\$	\$	\$

2. Subtotal

For orders that need to be shipped to a CA address, add your % of **District and State** Sales Tax

3. CA Sales Tax 7.75%

Total Amount Due:
(Minimum order total \$250)

4. Total Due

Today's Date (mm/dd/yy): _____

Ship Date: (mm/dd/yy): _____

Bill to: _____

Ship to: Same as bill to: (Check) (No PO Boxes)

Club: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

Email: _____

_____ Zip: _____

(____) _____

Contact Person: _____

Have you ordered from us before: Yes or No

Is the ship to address residential: Yes or No

**FREE GROUND SHIPPING
 ON PRODUCTS WITHIN THE
 48 CONTIGUOUS STATES.**
 (with min order of \$250)

Check one option:
 1. Mailing a check with this order form
 OR
 2. Charge my credit card for this order

**Please ensure that the "Bill to" information matches this credit card.*

Visa
 Mastercard
 Discover
 American Express

Card number:

Exp. date: 3 or 4 digit verification #:

Signature: _____