

Order Form

Billing Information:

Name _____

Business Name (if applicable) - _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone (____) _____ Fax (____) _____ Email _____

Delivery Information: *Please check one of the following*

Same as Billing Information, or

Other Name _____

Business Name (if applicable) _____

Address _____

City _____ Prov. _____ **Postal Code** _____

Phone (____) _____ Fax (____) _____ Email _____

Delivery Date: Earliest or Week starting on _____

To ensure freshness, boxes containing apples are shipped Mondays and Tuesdays for delivery no later than Friday of the same week.

Is this a gift? yes, no

Add that personal touch with an enclosed hand written card: Message to read:

Shipping, handling and applicable taxes are extra. An invoice will be mailed to you.

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