FOR OFFICE	ACCOUNT NUMBER								SHIP DATE	
USE ONLY										



## Knights of Columbus



	TO	OTSIE ROLL ORI	DER FORM	Non			
CASES ORDERED ITEM I	NO.		COST	TOTAL COST			
91.	4	GHTS OF COLUMBUS TOOTSIE ROLLS O COUNT PER CASE	\$19.50 CASE	\$0.00			
	ORDERS WITH 33	CASES OR MORE WI	LL BE SHIPPED WITH				
		FOR 18-32 CASES WILL BE SUBJECT TO A OF 5% OF THE TOTAL ORDER.					
	SHIPPED UNLESS		LL NOT BE ACCEPTED OR THER COUNCILS FOR A TOT	<b>TAL</b>			
		MUST BE 5 CASES OR					
CASES ORDERED ITEM 1 969							
NONE WILL BE SHIPPED IF LEFT BLANK							
This MUST be a busi	ness address with a day	ytime phone numbe	er				
	ESS WILL NOT BE SHI		MUST BE A CO	UNCIL			
SHIP TO:		SHIP TO:	Council Name:				
-		_ Council N	ame:				
Address:		No.					
City:		Address:					
State:	Zip:	City:					
Phone:		State:	Zij	p:			
	AC	REEMENT OF SA	AIFC				
I must inform you in ad	amount within 30 days after colvance before a return can be n	ompletion of drive unless nade and then only unope	I request and am granted addition and cases totaling not more that arned after 60 days from the date	n 10% of the total order.			
		Financial					
Print name		<del></del>	Phone #	Date of			
Print Name	N. C		Phone #	Drive			
Council No.  Council No.	No. Cases  No. Cases	Council No		No. Cases  No. Cases			
Council No.				INO. Cases			
	SEND I	NO MONEY WITH	UKDEK				

Send Original (WHITE) copy to: TOOTSIE ROLL K/C PROGRAM

P. O. Box 633, Oal Lawn, IL 60454

Send copy to: REGIONAL CORDINATOR

Retain a copy for COUNCIL FILES

ALL ORDERS MUST BE RECEIVED 30 DAYS PRIOR TO SHIPMENT

KC-001