



Master Order Form

Name of Organization _____ Local Agent _____

Person in Charge _____

Mailing Address _____

Shipping Address _____

City _____ Province _____ Postal Code _____

Telephone: Work _____ Home _____ Fax _____

Request shipping date and delivery time preferred _____

Qty (case=6 cakes)	Code	Products	Price	Amount
	385026	Plain	\$78.00	
	385126	Caramel Apple	\$78.00	
	386326	Turtle	\$78.00	
	385226	Triple Chocolate	\$78.00	

Terms: Product and shipping must be paid in full at time of product order.
 Cheques or money orders are payable to Future Fundraising.
 Freight prepaid on minimum order of 40 cases.
 No mixed cases. Case consists of 6 cakes.
 Request delivery date and time subject to availability of carrier.

Total \$ _____

Date of Order _____ **Signature** _____

TEAM DOUGH

Head Office

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