



Master Order Form

Name of Organization _____ Local Agent _____

Person in Charge _____

Mailing Address _____

Shipping Address _____

City _____ Province _____ Postal Code _____

Telephone: Work _____ Home _____ Fax _____

Requested shipping date and delivery time preferred _____

Qty (cases)	Code	COOKIE DOUGH Products	Price	Amount
	SP466	Scoops Oatmeal Chocolate Chip	\$60.00	
	SP476	Scoops Double Chocolate	\$60.00	
	SP426	Scoops White Chocolate Macadamia Nut	\$60.00	
	SP413	Scoops Buttery Shortbread	\$60.00	
	SP492	Scoops Monster	\$60.00	
	SP494	Scoops Healthy Choice Chocolate Chip	\$60.00	
	SP496	Scoops Healthy Choice Dark&White Chocolate Chunk	\$60.00	
	SP495	Scoops Healthy Choice Oatmeal Raisin	\$60.00	
	SP498	Scoops Healthy Choice Cocoa Oatmeal Raisin	\$60.00	
	SP497	Scoops Healthy Choice Oatmeal Caramel	\$60.00	

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

Total \$ _____

Date of Order _____

Signature _____

TEAM DOUGH

Head Office

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 E: info@teamdough.com