

MEALTIME PARTNERS ORDER FORM

DATE: _____

P.O. NUMBER: _____

BILL TO:

SHIP TO:

Name: _____

Name: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Telephone: _____ Fax: _____

Email Address: _____

Email Address: _____

METHOD OF PAYMENT:

Method of Payment (Check One):

Credit Card Billing Address (if different than above):

MasterCard:___ Visa:___ Check/Money Order:___

Name: _____

Credit Card No.: _____

Address: _____

Expiration Date: _____

City: _____ State: _____ Zip: _____

Credit card holder agrees to pay total amount of this order in accordance with the agreement governing use of this card.

Signature: _____

Mail or fax order form or company purchase order to Mealtime Partners, Inc. at address/fax number above.

Quantity	Part #	Product Description	Unit Price	Total Price

Subtotal	
Sales Tax	
Shipping & Handling	
TOTAL	