

|                     |                |   |   |  |                |   |   |   |           |          |       |           |
|---------------------|----------------|---|---|--|----------------|---|---|---|-----------|----------|-------|-----------|
| FOR OFFICE USE ONLY | ACCOUNT NUMBER |   |   |  | CONTROL NUMBER |   |   |   | WGT. O.R. | CR. O.R. | WHSE. | SHIP DATE |
|                     | 8              | 1 | 3 |  | 8              | 1 | 3 | - |           |          |       | AT ONCE   |



# Knights of Columbus

TOOTSIE ROLL ORDER FORM



## MINIMUM ORDER - 33 CASES

| CASES ORDERED | ITEM NO | DESCRIPTION  | COST            | TOTAL COST |
|---------------|---------|--|-----------------|------------|
|               | 914     | KNIGHTS OF COLUMBUS<br>TOOTSIE ROLLS<br>300 COUNT PER CASE | \$17.25<br>Case |            |

**ORDERS PLACED FOR QUANTITIES UNDER THE MINIMUM SHIPMENT REQUIREMENT WILL BE SUBJECT TO A FREIGHT CHARGE OF \$15.00.**

INDICATE THE NUMBER OF K/C CAPS AND COLLECTING CANISTERS NEEDED (12 WITH EVERY 16 CASES OF CANDY)

**NONE WILL BE SHIPPED IF LEFT BLANK**

(This MUST be a business address)

SHIP TO:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

BILL TO:

Council Name \_\_\_\_\_

No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### AGREEMENT OF SALES

*The merchandise I have ordered will be shipped to me freight prepaid by Tootsie Roll Industries, Inc. I agree to pay the invoice amount within 30 days after completion of drive unless I request and am granted additional time by you in writing. I must inform you in advance before a return can be made and then only unopened cases totaling not more than 10% of total order. I shall prepay freight on all returned candy. No candy may be returned after 60 days from the date of invoice.*

Please sign \_\_\_\_\_ Title \_\_\_\_\_ Date of Drive \_\_\_\_\_ Council No. \_\_\_\_\_

Council No. \_\_\_\_\_ No. of Cases \_\_\_\_\_

Council No. \_\_\_\_\_ No. of Cases \_\_\_\_\_

Council No. \_\_\_\_\_ No. of Cases \_\_\_\_\_

### SEND NO MONEY WITH ORDER

Send **WHITE** copy to: **TOOTSIE ROLL K/C PROGRAM**  
P.O. Box 633, Oak Lawn, IL 60454

Send **YELLOW** copy to: **REGIONAL CO-ORDINATOR**

Retain **PINK** copy for COUNCIL FILES

**ALL ORDERS MUST BE RECEIVED  
30 DAYS PRIOR TO SHIPMENT**