

FOR OFFICE USE ONLY	ACCOUNT NUMBER	SHIP DATE



Knights of Columbus

TOOTSIE ROLL ORDER FORM



DO NOT SEND TO TOOTSIE ROLL IF LESS THAN 18 CASES ORDERED

CASES ORDERED	ITEM NO.		COST	TOTAL COST
#1	914	KNIGHTS OF COLUMBUS TOOTSIE ROLLS 300 COUNT PER CASE	\$19.50 case	

Orders of **33 Cases** or more will be shipped with no freight charges.

Orders of **18-32 Cases** will be subject to freight up charge of 5% of the total order.

Orders of **17 Cases and under will not be accepted or shipped** unless combined with other Councils for a total of 18 cases or more to the same shipping location and mailed together.

Each Council order must be 5 cases or more.

CASES ORDERED	ITEM NO.		COST	TOTAL COST
#1	3693	Tootsie Roll Banks 24 banks per case (with bite size midgees) (regular)	\$16.32 case	

CASES ORDERED	ITEM NO.		COST	TOTAL COST
#1	3695	Tootsie Roll Banks 24 banks per case (with bite size midgees) (flavored)	\$16.32 case	

CASES ORDERED	ITEM NO.		#5 TOTAL CASES	TOTAL COST
#1	9690	Indicate the number of K/C Caps and Collecting Canisters needed (12 with every 16 cases of candy at no charge). NONE will be shipped if left blank.		

This MUST be a business address with a daytime phone number.

RESIDENTIAL ADDRESS WILL NOT BE SHIPPED.

MUST BE A COUNCIL

#3 SHIP TO:

Address _____

City _____

State _____ Zip _____

Phone _____

#2 BILL TO:

Council Name _____

No. _____

Address _____

City _____

State _____ Zip _____

AGREEMENT OF SALES

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 the total order.

I shall prepay freight on all returned candy. No candy may be returned after 60 days from the date of invoice.

#4 Print Name _____, Financial Secretary Phone # _____

Print Name _____, Chairman Phone # _____ Date of Drive _____

Council No. _____ No. of Cases _____ Council No. _____ No. of Cases _____

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#4 Mail white copy to: Tootsie Roll K/C Program, P.O. Box 633, Oak Lawn, IL 60454
Mail pink copy to: Illinois State Council, 187 S. Indiana Ave, 3rd Floor, Kankakee, IL 60901-3901
Keep yellow copy for your Council Files

SEND NO MONEY WITH ORDER KC-004

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