Grandma Hoerner's Foods, Inc.
Wholesale Order Form

Today's Date: _____ Tax ID #_____

Customer Name: _____ **DELIVER BY** _____

Business Name: _____

Shipping Address: _____
Street Address *(we cannot deliver to a post office box)*

_____
City State Zip Code

Daytime Phone Number: (_____)_____-_____

Payment Method: ❑ Visa ❑ MasterCard ❑ Invoice Customer

Card Number (16 digits): _____ Exp. Date: _____ V-code_____

Billing Address: _____
Street Address

_____
City State Zip Code

Product Requested	Case Price	Number of Cases	Total Price
		*Total Price	

*Total Price does not include shipping.

Shipping Method: ❑ FedEx Ground ❑ FedEx Express Next Day ❑ Fed Ex 2nd Day Air
❑ FedEx 3 Day Select ❑ Customer Pick-up

For Office Use Only:

Date Shipped: _____ Boxed and Sent by: _____

Product Price: _____ Shipping: _____

Customer called and notified that order has shipped:_____(Please initial after this is done!)