

PINELLAS COUNTY 4-H FOUNDATION

APPLE/PECAN SALES - ORDER FORM FOR CREDIT CARD PAYMENTS



ALL ORDERS MUST BE PREPAID
AND SUBMITTED BY OCTOBER 4, 2011 - Please Print



DATE: _____

CUSTOMER'S

NAME : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL _____ PHONE # _____ Home Office Cell

4-H CLUBS

CLUB _____ COORDINATOR _____

4-H MEMBER _____

APPLE

	(RED) EMPIRE	(YELLOW) CRISPIN		Total
BUSHEL	<input type="text"/>	<input type="text"/>	x \$34.00	<input type="text"/>
HALF BUSHEL	<input type="text"/>	<input type="text"/>	x \$20.00	<input type="text"/>

PECAN

(1. lb.) HALVES	(1. lb.) PIECES	(12. oz Bag) CINNAMON	(12. oz Bag) MILK CHOCOLATE	(12. oz Bag) DARK CHOCOLATE	(12. oz Bag) CHOCOLATE CLUSTERS		Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	x \$10.00	<input type="text"/>

Order Total

Credit Card Information

Credit Card Type : Visa Master Card Discover

Card Holders Name (If different than the "Customer's" Name) _____

Credit Card Number : _____ Expiration Date : _____

CVC2 Code : _____

Credit Card Billing Information (If different than the Customer's address)

Address: _____

City : _____ State : _____ Zip Code : _____

Phone Number : _____



Signature : _____ Date: _____

IMPORTANT NOTE TO THE CREDIT CARD HOLDER:

Do not give this form to ANYONE after it is completed with the credit card information.

This form must be mailed to: Pinellas County 4-H Foundation, Inc.
13799 Park Blvd. N. #316
Seminole, FL 33776-3402

ORDER ONLINE AT www.pc4hfoundation.org (Credit Card Orders Only)

Any questions ? Please call 727-521-7307 or e-mail: info@pc4hfoundation.org