

Tootsie Roll Industries



KNIGHTS OF COLUMBUS

2024 ORDER FORM

Contact Person				
	Contact	Phone:		
Date of Drive:				
SHI	P TO ADDRESS: This MUST be a BUSINESS A	DDRESS with a	daytime phone number	RESIDENTIAL
	ADDRESS WILL NOT BE S	HIPPED		
NAME:				
STREET				
CITY/STATE/ZIPCODE	•			
PHONE:			ALINIAN A	3"
	BILL TO ADDRESS - Thi	s MUST be a C	OUNCIL	
COUNCIL #				
COUNCIL NAME				
STREET ADDRESS CITY/STATE/ZIPCODE				
JITT/STATE/ZIPCODE		ORMATION		
	DO NOT SEND TO TOOTSIE ROLL IF		SES ARE ORDERED	
Orders of	33 cases of item 912 or more will be shipped wit			
	18-32 cases will be subject to freight-upcharge o			
	17 cases and under will not be accepted or shipp			a total of 18 cases or
	e same shipping location, shipped at the same t			
Each Coun	cil order must be 5 cases or more.			
ITEM	Description	Quantity	Cost	Total Cost
912	K OF C TR BAR 6CT/29.71OZ		\$19.50/case	
	Bar has updated wrapper and shape.			
	Character and and			
0000	Bars now come in 6 bags of bars per case.			
9690	K OF C TR BANK HAT 12 PK	at a second and The	ana ana 12 ta anah sasa	one with every 16
	K OF C TR BANK HAT 12 PK the number of K/C Caps and Collection Cani			, one with every 16
	K OF C TR BANK HAT 12 PK the number of K/C Caps and Collection Cani cases of candy ordered. N	ONE will be ship		, one with every 16
	K OF C TR BANK HAT 12 PK the number of K/C Caps and Collection Cani cases of candy ordered. N TOTAL	ONE will be ship		, one with every 16
Item 9690 - Indicate	the number of K/C Caps and Collection Canicases of candy ordered. No TOTALS	IONE will be ship IT OF SALES	ped if left blank	
agree to pay the invoice	the number of K/C Caps and Collection Canicases of candy ordered. No TOTALS AGREEMEN amount within 30 days after the completion of the	IONE will be ship IT OF SALES	ped if left blank	
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I agree to pay the invoice Financial S Ema COUNCIL # COUNCIL # COUNCIL # COUNCIL # COUNCIL # 1. Retain copy for your	K OF C TR BANK HAT 12 PK the number of K/C Caps and Collection Canicases of candy ordered. No TOTALS AGREEMEN amount within 30 days after the completion of the Secretary: ail: COMBINED COUN Qty: Qty: Qty: Qty: Qty: Complete of the Council Coun	IT OF SALES drive unless reques CIL INFORMATIO BUTION LIST @gmail.com - or	pped if left blank t and am granted additional Phone ON -708-423-5193.	time by you in writing.