

Polio Challenge 1.2kg Rich Fruit Cake

ORDER FORM

Club Details

The Rotary Club of : _____ District No: _____

Club Mailing Address _____

City _____ State _____ Post Code _____

Telephone No (B) _____ Mobile: _____

Telephone No (H) _____ Fax No _____

Email: _____

Club Contact Person: _____

Order Options - Please complete both sides of order form

- A . Club Carton Purchase Order Multiples of 2 cartons = 12 Cakes
- B . Club Pallet Purchase Order 50 cartons per pallet = 300 Cakes
- C . Combined Club Purchase Order Combine your order with another club

A Club Carton Order Multiples of 2 Cartons

Please send us _____ Cartons at \$120 per carton (Inc GST) \$ _____

Note: 6 Rich Fruit cakes per carton – Multiples of 2 cartons

B Club Pallet Order (\$100 discount per Pallet)

Please send us _____ Pallets at \$5900 Per Pallet (Inc GST) \$ _____

Note: 50 Cartons per pallet = 300 cakes

C Multi Club Pallet Order (\$100 discount per Pallet)

Please send us _____ Pallets at \$5900 Per Pallet (Inc GST) \$ _____

The Rotary Club of: _____ District No: _____ Carton Qty _____

The Rotary Club of: _____ District No: _____ Carton Qty _____

The Rotary Club of: _____ District No: _____ Carton Qty _____

Multiples of 50 cartons(300 cakes) = Total no of Cartons _____



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Club Delivery Details

The Rotary Club of : _____ District No: _____

Delivery Address (No PO BOX) _____

City _____ State _____ Post Code _____

Telephone No (B) _____ Mobile: _____

Telephone No (H) _____ Fax No _____

Email: _____

Club Contact Person: _____

Date Required _____

Delivery Instructions _____

Anticipated Delivery 7 to 10 Business days from receipt of order

Payment Method

Please send order and payment to:

Credit Card - Fax to Polio Challenge (03) 9746 9930

VISA

Master Card

Name on card: _____

Card Number: _____ / _____ / _____ / _____

Expiry date: _____ / _____ For the Amount: \$ _____

Cardholders Signature _____

Post to Polio Challenge, P.O. Box 768, Melton Vic 3337

Cheque (Please make payable to Polio Challenge) **Amount \$** _____

Name: _____ Date: _____

Signature: _____

