

Nectar Candy Company, LLC
1-800-728-4055

Order Form

ORDERING OPTIONS:

- 1.) FAX: 1-800-341-9666 (Credit Card Orders Only)
- 2.) Mail To: Nectar Candy Co., LLC, P. O. Box 264, Delaware, Ohio 43015

ORDER STATUS:

E-mail: ATFUND@aol.com or Call: 1-800-728-4055

NO PHONE ORDERS ACCEPTED...to ensure shipping accuracy we ask all shipping orders be submitted to our office.



Ship To: **(PLEASE PRINT or TYPE to avoid shipping errors.) (Use Business Name When Applicable.)**

Contact Name _____ E-Mail Address: _____

Daytime Phone: _____ Evening Phone: _____

We encourage all deliveries be made to a BUSINESS address. If sent to a residence, we are not responsible for damaged or stolen product. PLEASE PRINT or TYPE all shipping information clearly to avoid shipping errors and include contact name and daytime and evening phone numbers. Upon receipt from UPS, discrepancies MUST be reported within 48 hrs. Refuse to accept or sign for damaged candy cases.

- All candy bars wrapped in custom American Cancer Society "Relay For Life Label".
- Allow up to seven business days for shipping and delivery via UPS
- No minimum order.
- Orders over 10 cases may qualify for reduced cost or free shipping, depending on location—give us a call.
- No returns, please no exceptions.
- Product available year-round.*

# of Cases	Candy Bar Type—180 bars per case *one kind per case	Unit Price	Total
	2 oz. Pure Milk Chocolate with Crisp Rice	\$90 each	
	2 oz. Pure Milk Chocolate with Roasted Almonds	\$90 each	
	2.1 oz. Pure Milk Chocolate with Soft Caramel	\$90 each	
	2 oz. Peanut Butter Bar	\$90 each	
**No Sales Tax		Subtotal	
SHIPPING CHARGES SUBJECT TO CHANGE		Add \$5 PER Case	
Visit our website at www.ATFundraising.com		Balance Due	

*May, June & September weather permitting. No shipping in July or August due to heat conditions.

Please circle method of payment (**payable to Nectar Candy Co., LLC**):

Personal Check Money Order Master Card VISA

Full Name on *Credit Card _____

Mastercard/VISA # _____ Amount _____

Expiration Date _____ Signature _____

*All Commercial Credit Cards Must Include the three digit customer code on back of card: _____

SIGNATURES ARE NECESSARY TO PROCESS ALL ORDERS

ACS Office Relay Representative Name: _____

ACS Office Location: _____

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Delaware, OH 43015
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