

Common-Threads Sweet Sensations Dry Mix Group Order Form

Shipping Information: Group # _____

First Name: _____ Last Name: _____

School/Organization: _____

Address: _____

City, State, Zip: _____

Delivery Preference: Morning (10am-1pm) _____ Afternoon (1pm-5pm) _____ (Will be noted, but can not be guaranteed.)

Residential Delivery: Yes _____ No _____ (If Yes, \$40 fee.) Email: _____

Phone: Day _____ Evening _____ Fax _____

Flavor/Variety	Item #	Actual Sold	Round to Case (multiple of 6)	Price Each	Total Price
EX: Chocolate Chunk Cookies		28	30	@ \$11	\$330
Chocolate Chunk Cookies				@ \$11	
White Chocolate Macadamia Nut Cookies				@ \$13	
Pancake & Waffle Mix				@ \$11	
Blueberry Pancake & Waffle Mix				@ \$11	
Blueberry Syrup				@ \$10	
Maple Syrup				@ \$10	
Bluberry Muffins				@ \$13	
Chocolate Chocolate Chunk Muffins				@ \$13	
Chocolate Brownies				@ \$13	
Pumpkin Bread				@ \$13	
Banana Nut Bread				@ \$13	
Fruit Crisp				@ \$12	
Coffee Cake				@ \$13	
Spice Cake				@ \$13	
No-Bake Cheesecake				@ \$13	
Total Units (168 minimum for free shipping)					
Optional Special Delivery Services <small>(Circle, if applicable)</small>		Residential \$40 - Inside \$15 - Liftgate \$95 - By Piece \$100			
Grand Total					

Grand Total \$ _____ X 60%= _____ Deposit Due