



Mr. Fruit, Inc.
Orlando, Florida

FAX/MAIL ORDER SHEET

Donor Information

Company: _____ Email: _____
Name: _____ Telephone: _____
Address: _____ Apt/Suite: _____
City: _____ State: _____ Zip: _____

Payment

Please indicate method of payment: (Check One)

Credit must be established to be billed.

<input type="checkbox"/>	AMEX	<input type="checkbox"/>
<input type="checkbox"/>	Master Card	<input type="checkbox"/>
<input type="checkbox"/>	VISA	<input type="checkbox"/>

Amount: _____ Credit Card # _____

Gift Information

Product I.D. _____ Product Name: _____

Shipping Address

Company: _____ Email: _____
Name: _____ Telephone: _____
Address: _____ Apt/Suite: _____
City: _____ State: _____ Zip: _____

Greeting Card Comments

Compliments of: _____ Arrival Date: _____

Free Gift Wrap: (Check One)

<input type="checkbox"/> Merry Christmas	<input type="checkbox"/> Seasons Greetings	<input type="checkbox"/> Happy Hanukkah	<input type="checkbox"/> Sympathy
<input type="checkbox"/> Congratulations	<input type="checkbox"/> Mother's Day	<input type="checkbox"/> Valentines Day	<input type="checkbox"/> Happy Anniversary
<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Florida Greeting	<input type="checkbox"/> Get Well Soon	<input type="checkbox"/> Easter
<input type="checkbox"/> Thank You	<input type="checkbox"/> Star of David		

*If using the printed catalog ensure to add \$9.99 for all orders shipped to the U.S. and \$19.99 for all shipments to Canada. Refer to website or catalog for valid states and provinces for delivery.