Order Form

Sold to: _____ Ship to: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Telephone No: _____ Fax No: _____

Payment Method: ☐ Visa ☐ M/C ☐ 30 Days Cardholder Name: _____

Card Number: _____ Expiry Date: _____ Signature: _____

Order Date	Ship Date	Ship Via	PST# (For Ontario Customers Only)

Item Code	Product Description	# of Case(s)	Amount (Optional)

SAKSCO Gourmet Basket Supplies

4-6221 KENNEDY ROAD
MISSISSAUGA, ON L5T 2S8

TELEPHONE: (905) 795-9400
TOLL FREE: 1-800-668-4390
E-MAIL: SALES@SAKSCO.COM

FAX: (905) 795-9402
TOLL FREE FAX: 1-888-586-8926