Order Form

Sold to: _____ Ship to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Payment Method: ☐ Visa ☐ M/C ☐ Amex Cardholder Name: _____

Card Number: _____ Expiry Date: _____

Order Date	Ship Date	Ship Via	State Tax ID # (for NY customers only)

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

SAKSCO Gourmet Basket Supplies

6430 INDUCON DRIVE, SANBORN, NY 14132

TELEPHONE: 716.731.3333
TOLL FREE: 1.866.439.7421

E-MAIL: ORDERS@SAKSCO.COM
FAX: 716.731.3332