

FALCON FOODS ORDER FORM - Cobblestone Red Cheese

Please use one form per order and print multiple copies as needed.

Ship To: Name _____
 _____ *(no P.O. Box accepted)*
 Street Address _____
 City _____
 State _____ Zip Code _____

Order:	Item	Quantity	Unit Cost	Total
	1-lb. Cheese Wheel			
	2-lb. Cheese Wheel			
	Shipping (by total weight)	lbs.		
<i>Pick up orders are not charged shipping/handling.</i>				
Grand Total				

Payment Options:

___ Check **payable to UWRF Falcon Foods** enclosed. Mail to: 243 Food Science Addition
 UW-River Falls
 410 S. Third Street
 River Falls, WI 54022

___ Visa (preferred) or MC – Fax Order Form to (715) 425-3472

Enclosed amount or amount to charge on credit card is \$ _____

Card Number: _____ Exp. Date: _____

Card Verification Number: _____ (3 digits)

Cardholder Name: _____

Card Billing Address: _____

City: _____

State: _____ Zip Code: _____

Phone: w/area code () - _____

Signature: _____ Date: _____