RACINE DANISH KRINGLES. ALWAYS THE BEST!

LOCATED ABOVE ADDRESS LABEL

CUSTOMER NO. | | | | | | | |

ORDER FORM

Something Special from Wisconsin™

Place your order by phone at **1-800-432-6474** or order on-line 24 hours a day at **WWW.KRINGLE.COM**. You can also mail or fax your order with this easy-to-use form. Fax **1-262-633-3036**

(PLEASE PRINT LEGIBLY)

NAME _____

COMPANY _____

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____

PHONE ( ) _____ BEST TIME TO REACH YOU AT THIS NUMBER: ☐ A.M ☐ P.M.

E-MAIL ADDRESS: _____

METHOD OF PAYMENT: CHECK ONE: ☐ CHECK ☐ MONEY ORDER

MAKE CHECK OR MONEY ORDER PAYABLE TO: **RACINE DANISH KRINGLES** AND MAIL TO 2529 GOLF AVENUE, RACINE, WI 53404-1657

☐ VISA ☐ MASTER CARD ☐ DISCOVER ☐ AMERICAN EXPRESS

CREDIT CARD NUMBER (NO SPACES NEEDED)

EXP. DATE (MM/YY)

_____

SIGNATURE REQUIRED FOR CREDIT CARD ORDERS. **WE MUST RECEIVE PAYMENT TO PROCESS ORDER.**

KRINGLE FLAVORS

NUT
- PECAN
- ALMOND
- MAPLE-WALNUT
- WALNUT

FRUIT
- CHERRY
- APPLE
- APRICOT
- STRAWBERRY
- BLUEBERRY
- CRANBERRY
- RASPBERRY

GOURMET *CHOCOLATE ICING
- CHEESECAKE
- BAVARIAN CREAM
- * CHOCOLATE-CHOCOLATE CHIP
- * CHOCOLATE WALNUT
- STRAWBERRY CHEESECAKE
- BLUEBERRY CHEESECAKE
- RASPBERRY CHEESECAKE
- CHERRY CHEESECAKE
- CRANBERRY NUT
- * CHOCOLATE ECLAIR
- * TOFFEE PECAN

SEND THE FOLLOWING GIFTS TO THE PERSON AT THE ADDRESS BELOW. WRITE "SAME" IF THE ORDER IS GOING TO YOUR ADDRESS.

NAME _____

COMPANY _____

ADDRESS _____ (NO P.O. BOXES) APT.# _____

CITY _____ STATE _____ ZIP _____

PLEASE SPECIFY: ☐ RESIDENCE ☐ BUSINESS PHONE ( ) _____

GREETING: _____

_____

ITEM	QTY	DESCRIPTION / FLAVOR

☐ GROUND ☐ 2ND DAY AIR **PRICE** $ _____

SHIP: ☐ NOW ☐ BEFORE CHRISTMAS

NAME _____

COMPANY _____

ADDRESS _____ (NO P.O. BOXES) APT.# _____

CITY _____ STATE _____ ZIP _____

PLEASE SPECIFY: ☐ RESIDENCE ☐ BUSINESS PHONE ( ) _____

GREETING: _____

_____

ITEM#	QTY	DESCRIPTION / FLAVOR

☐ GROUND ☐ 2ND DAY AIR **PRICE** $ _____

SHIP: ☐ NOW ☐ BEFORE CHRISTMAS

NAME _____

COMPANY _____

ADDRESS _____ (NO P.O. BOXES) APT.# _____

CITY _____ STATE _____ ZIP _____

PLEASE SPECIFY: ☐ RESIDENCE ☐ BUSINESS PHONE ( ) _____

GREETING: _____

_____

ITEM#	QTY	DESCRIPTION / FLAVOR

☐ GROUND ☐ 2ND DAY AIR **PRICE** $ _____

SHIP: ☐ NOW ☐ BEFORE CHRISTMAS