



APPLE GIFT PACK ORDER FORM

SHIPPER NAME: _____

Address: _____

ORDER NUMBER : _____

Address: _____

DATE: _____

City _____ ZIP: _____

PHONE: Home _____ CELL: _____

EMAIL: _____

SHIP TO:

Name _____

Address: _____

City: _____ STATE: _____ ZIP: _____

Phone: _____ CELL _____

EMAIL: _____

	SHIPPING METHOD	WHAT DATE TO SHIP?
	USPS Priority Mail FLAT RATE SERVICE	

CIRCLE ONE

QTY	ITEM #	Message in GIFT BOX	Apple Variety	UNIT PRICE	TOTAL

PHONE ORDERS PLEASE CALL:

1-800 BUY APPLE 518- 861-6515

FAX: 518 -861 - 5436

HOURS: 9:30- 5:00 EST

ALTAMONT ORCHARDS

6654 Dunnsville Rd

ALTAMONT, NY 12009

SUBTOTAL

Additional Charges

CIRCLE SHIPPING
METHOD

included in price

TOTAL

CIRCLE ONE METHOD OF PAYMENT CASH CHECK CREDIT CARD

NAME ON CARD _____

Credit Card #: _____

EXP DATE: _____ 3 Digits on back of Card: _____