

ORDER FORM

PERSON OR FIRM SENDING ORDER:

STREET _____
 CITY & STATE _____ ZIP _____
 MASTERCARD # _____
 VISA # _____
 EXPIRATION DATE: _____
 PHONE: _____

Mail to:
Goldfield Cheese Mart, Inc.
 200 West Highway 3
 Goldfield, IA 50542
 515-825-3450 ♦ 800-374-8360
 Fax: 515-825-3628
 cheese@goldfieldaccess.net

Be sure to give delivery date for each gift. Please type or write clearly to avoid errors.

QUANTITY _____ BOX No. _____ AMOUNT \$ _____ SEND TO _____ STREET _____ CITY & STATE _____ ZIP _____ GREETING TO READ: FROM _____ DELIVERY <input type="checkbox"/> HOLIDAY <input type="checkbox"/> AT ONCE OTHER DATE _____	QUANTITY _____ BOX No. _____ AMOUNT \$ _____ SEND TO _____ STREET _____ CITY & STATE _____ ZIP _____ GREETING TO READ: FROM _____ DELIVERY <input type="checkbox"/> HOLIDAY <input type="checkbox"/> AT ONCE OTHER DATE _____
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Additional names may be listed on your own stationary and enclosed.

WE RESERVE THE RIGHT TO SUBSTITUTE IF NECESSARY.

BEFORE MAILING HAVE YOU...

- Checked all names and addresses carefully?
- Specified delivery dates desired?
- Signed your own name and address?
- Printed message, if our gift cards are used?

PURCHASE AMOUNT \$ _____
 ENCLOSED CHECK
 OR MONEY ORDER
 PAYABLE TO THE
GOLDFIELD CHEESE MART, INC
TOTAL \$ _____