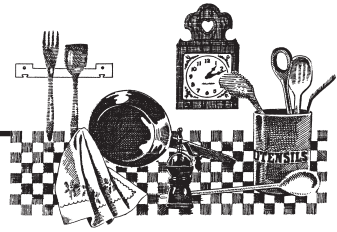


This form must be filled out in its entirety. Noncompliance will result in the production delay of your cookbook.



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ALTERNATE

Name _____

Name _____

Address _____
(We must have street address.)

Address _____
(We must have street address.)

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Daytime Phone () _____

Daytime Phone () _____

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FAX _____

E-mail _____

E-mail _____

COOKBOOK SPECIFICATIONS

Special Instructions should be listed on back page.

BILLING ADDRESS:

Name _____

Date you would like books _____

Address _____

Number of books wanted _____

City _____

Customer's Estimated cost
per book \$ _____

State _____ Zip _____

Customer's Estimated total
cost \$ _____

Daytime Phone () _____

SHIP BOOKS TO:

Name _____

Address _____

(We must have street address. Truck lines cannot deliver to post office box.)

City _____ State _____ Zip _____

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