



APPLE FUNDRAISER: ORDER AGREEMENT

Sales – Jason Merk: 604-818-5753
Owner – Elizabeth Merk: elizabeth@ralphsproduce.ca
Head Office - Fax: 604-534-2410

ORGANIZATION NAME: _____

SCHOOL ENROLLMENT: _____

CONTACT:

Street Address

City

Postal Code

Phone

Fax

Email

FUNDRAISING SCHEDULE:

Start Date: _____

Order Submission Date: _____

Delivery Date: _____

****Delivery will take place between
9:00 am & 2:00 pm****

Special Delivery Notes/Instructions:

Please begin directions from Fraser Hwy & 222 St.

FOR SCHOOL FUNDRAISERS:

Principal Name: _____

Secretary Name: _____

P.A.C. CONTACT NAME: _____

Phone

Fax

Email

PAYMENT INFORMATION

Cheque payment on behalf of organization/school is due at time of delivery (C.O.D.), made payable to Ralph's Produce Ltd." and submitted to Ralph's Delivery Driver

ORDER INFORMATION

Orders must be for complete boxes (1 variety of apples per box).

COMMITMENT

I am authorized to sign this Order Agreement on behalf of the organization/school named above. I accept full responsibility for payment of the Apples ordered and delivered to this organization. Ralph's Produce Ltd. cannot and will not be held responsible for possible fraud or loss resulting from this fundraiser.

Signature

Date

Printed Name

Title of Representative

Please indicate the 35lb boxes to be ordered, per variety

| VARIETY | #BOXES | PRICE | TOTAL PRICE |
|--------------------|--------|-------|-------------|
| Ambrosia | | 26.25 | 75¢ / lb |
| Fuji | | 24.50 | 70¢ / lb |
| Gala | | 19.25 | 55¢ / lb |
| Golden Delicious | | 17.50 | 50¢ / lb |
| Granny Smith | | 19.25 | 55¢ / lb |
| Spartan | | 17.50 | 50¢ / lb |
| GRAND TOTAL | | N/A | N/A |

****MINIMUM DELIVERY 20 BOXES****

TOTAL BOXES ORDERED _____

TOTAL AMOUNT DUE _____