AvenueSweets Fax Order Form

TOLL FREE FAX: 1-800-715-3380

If possible, please include e-mail address so we can confirm receipt of fax:

E-mail: _____

Please write in the SKU or product name. Choose varieties (up to 3 selections if applicable).		GOURMET CARAMELS									NOUGAT	
QTY.	**SKU or Product Name**	Golden	Pecan	Cashew	Pumpkin Spice	Dutch Apple	Choc.	Espresso	Licorice	Chai Latte	Almond	Hazel-nut

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card #: _____ Expiration: (Month) _____ (Year) _____

Name as it appears on card: (First) _____ (Middle) _____ (Last) _____

Please enter your credit card billing information as it appears on your credit card statement:

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ E-mail: _____

Signature: _____ Date: _____

AvenueSweets Fax Order Form

TOLL FREE FAX: 1-800-715-3380

Additional Information or comments: