

## NOGA GRANOLA FAX/OR MAIL IN Order Form

Please print this order form and submit it off line in any of the following ways:  
**Mail: NOGA Granola Products Fax: 1-866-365-4894 (toll-free) Main: 1-877-297-2144(toll-free)**  
**P.O. Box 6145 Denver, CO 80206-0145**

Include your name, address, fax number, home/or business number and email address. We will confirm the Grand Total Charge that would *include shipping and taxes* upon receipt by contacting you from the information provided to us. NO orders will be processed until we are able to confirm your order.

<u>Products</u>	<u>Quantity</u>	<u>Price</u>	<u>Total</u>
Maple Nut [ 12 oz.]	___	\$ 6.99	\$ ___
Macadamia Apricot [12 oz]	___	6.99	\$ ___
Honey, Nut & Fruit [12 oz.]	___	6.99	\$ ___
TRIO Sampler 3.75 oz. [All 3 flavors]	___	8.59	\$ ___

**GIFT CERTIFICATE?**

Certificate No: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

Credits/or Discounts	\$ _____
**Shipping Charge	\$ _____
***Taxes	\$ _____
<b>GRAND TOTAL</b>	<b>\$ _____</b>

\*\*Standard shipping and handling charges are per shipping address. Ground service via UPS or USPS truck in the continental United States only. You must have a US street address. **NO** post office box. Orders received over the weekend will ship on Tuesday.

**FORM OF PAYMENT:**

We accept **VISA, MC, AMEX** and **Discover** cards. We accept personal checks or money orders for mail-in only. Please double check the accuracy of your card when filling out our form to prevent delays in shipping.

Name: \_\_\_\_\_

**Please Print Clearly**

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Telephone Number (s) Home # \_\_\_\_\_ Fax # \_\_\_\_\_ Business # \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Credit Card: (**Please Circle**) VISA MC AMEX DISCOVER (Other) \_\_\_\_\_

Name as it appears on card (**Please Print**) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ (XX and XXXX)

Is the billing address same as the shipping address: Please Circle: **Yes No**

If **no**, please indicate billing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE AND DATE REQUIRED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Order will not be processed without signature.  
Thank you!**