



Eau Claire Cheese & Deli

Clerk Initials: _____ Today's Date: _____ Ship Week of: _____

Sender Information:

Name (First and Last): _____

Telephone: _____ Email: _____

Ship To: (Only one recipient per order form please)

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gift Card Message: _____

Gift Box- Product - Shipping	Price- Zone A <u>or</u> Zone B

For office use only

Medium Flat Rate Box // Large Flat Rate Box Total Shipping Weight: _____

Billing: Card #: _____ Expiration: _____ CCV: _____