

ORDER FORM

Angelo Brocato Ice Cream & Confectionery, Inc.

214 N. Carrollton Avenue; New Orleans, LA 70119

Phone: 504-486-1465

Fax to: (504)486-0858

| | | | |
|---------------------|-----------------|--|-----------------|
| | SHIP TO: | | BILL TO: |
| | | Payment Method: | |
| | | Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Exp <input type="checkbox"/> | |
| Name: | | Card Name: | |
| Address: | | Address: | |
| | | | |
| City: | | City: | |
| State / Zip: | | State / Zip: | |
| Day Phone: | | Day Phone: | |
| Night Phone: | | Night Phone: | |
| | | | |
| | | Account #: | |
| | | Expiration Date: | |
| | | | |
| Email: | | Email: | |
| Fax: | | Fax: | |

| Quantity | Size | Item Description | Unit Price | Total |
|----------|------|--|------------|-------|
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| | | Handling Charges (Per UPS or FedEx Package Shipped) | \$3.00 | |
| | | Total: | | |

Signature: _____ Date: _____