

# COT ORDER FORM

COT SHOPPER NAME

PHONE

EMAIL

Today's Date:  
Order Date:

CLIENT NAME

REFERRING ORGANIZATION

Address

City

Phone

Email

PAYMENT METHOD	NUMBER	DELIVERY DATE
MC/VISA/AMEX	Exp____/____ CVV____	____/____/____ TIME __ __ : __ __ AM/PM

QUANTITY	SIZE (OUNCES, ETC)	BRAND	DESCRIPTION	SUBSTITUTION NOTES
Example, 3 cans	16 oz	Campbells	Tomato Soup	Progresso is OK to substitute

Special Instructions for contact free delivery:  
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Order Taken by\_\_\_\_\_ Date: \_\_\_\_\_