

Club #:



Federation of Jewish Men's Clubs

SEND TO: Larry Klioze
120 South 9th Ave. Highland Park, NJ 08904-3113
732-572-9015 (home) ♦ 732-735-1286 (cell)

2017 BULK CASE SHIPMENT ORDER FORM - Warehouse Discount

Congregation/Organization: _____
Address: _____
City: _____ ST/PROV: _____ ZIP/PC: _____
Contact: _____ Phone _____ e-Mail _____

_____ FJMC _____ MRJ _____ USY/USCJ _____ WLCJ _____ OTHER _____ 1ST TIME ORDER

Ship To (if different than above address; home delivery is not available):

Attention: _____
Name: _____
Address: _____
City: _____
Phone: _____ e-Mail: _____



Order must be received no later than Tuesday, December 27, 2016***

<u>Item</u>	<u>Quantity</u>	<u>Cost</u>	<u>Subtotal</u>
Cases of Yellow Candles (48 candles/case):	_____	x \$63/case	_____
Cases of Cardboard Boxes (48 boxes/case)	_____	x \$ 24/case	_____
Packs of Plastic "Door" Bags (250 bags/pack)	_____	x \$ 25/pack	_____

PAYMENT IN FULL MUST ACCOMPANY ORDER TOTAL DUE: _____ ***

___ Check enclosed, payable to "FJMC" ___ Charge to Visa or MasterCard

*****Discount price of \$63 still available for orders received by January 17, 2017 but you must add \$2.00 per case delivery charge to total.**

PLEASE PRINT CLEARLY

Cardholder Name: _____
Card #: _____ Exp. Date: _____ Security Code: _____
Street Address _____
City: _____ State: _____ ZIP: _____
Cardholder Signature: _____

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Ship To (if different than above address; home delivery is not available):

Attention: _____
 Name: _____
 Address: _____
 City: _____ ST/PROV: _____ ZIP/PC: _____
 Phone: _____ e-Mail: _____

Order must be received no later than Monday, March 27, 2017**

<u>Item</u>	<u>Quantity</u>	<u>Cost</u>	<u>Subtotal</u>
Cases of Yellow Candles (48 candles/case):			
Club affiliated with Northern NJ Region	_____	x \$ 72/case	_____
Cases of Cardboard Boxes (48 boxes/bundle)	_____	x \$ 24/case	_____
Packs of Plastic "Door" Bags (250 bags/pack)	_____	x \$ 25/pack	_____
Delivery Charge	_____	x \$ 2/case	_____

PAYMENT IN FULL MUST ACCOMPANY ORDER TOTAL DUE: _____

___ Check enclosed, payable to "FJMC" ___ Charge to Visa or MasterCard

PLEASE PRINT CLEARLY

Cardholder Name: _____
 Card #: _____ Exp. Date: _____ Security Code: _____
 Street Address _____
 City: _____ State: _____ ZIP: _____
 Cardholder Signature: _____