

Sales Representative Name: \_\_\_\_\_

## Sooner Fresh Presales Form

### Customer Information

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



### Order Details

Date: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Quantity: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Check No: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Delivery Method (*circle one*):      Pick-Up on Campus      Delivery to Address

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Sales Representative Signature



All service hours donated to:



All proceeds benefitting:

