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 service@doxtexas.com

DOX SEASONING CO. MAIL ORDER FORM



INSTRUCTIONS:

Please fill out all requested information on the form. None of your personal information is ever sold or traded to other parties. This transaction is equally secure to placing an on-line order or phone order. If you have any comments or if there is not enough space on the form, feel free to attach multiple sheets.

ORDER FORM

Boxes: Total # of boxes: _____ x \$8.95 = _____
 Subtotal = _____

Less 10% discount for 5 boxes or more: - _____ = _____

Shipping (Parcel Post) & Handling \$4.90 = _____

TOTAL:



SHIPPING INFORMATION:

 Name

 Address

 Address (if needed)

 City/State/Zip

 Phone #

 Email Address

PAYMENT INFORMATION:

Mail this form with check payable to DOX Seasoning Co., Inc.,

OR

CREDIT CARD INFO (for FAX or Mail-In customers only):

Visa / MasterCard # _____

Exp Date: ___ / ___ 3-digit Security Code: _____

Name on Card: _____

Billing Address if different from Shipping Address:

Cardholder's Address: _____

 City: _____

 State: _____ Zip: _____

Fax to: 903-629-3168

Your Credit Card Will Be billed under Ladles to Linens. Please allow Processing time. Billing inquires service@doxtexas.com.