POS Order Form

Business Name: _____

Address: _____

_____

Attention: _____

Phone: _____

Distributor (Required): _____

Item #	Description	Quantity	Cost	Extended Cost
Subtotal				
Plus Local Sales Tax				
Total Cost				

Mail Form to: Kronos Foods, Inc.
One Kronos Drive
Glendale Heights, IL 60139
Attention: Operator Marketing

Fax Form to: 224-353-5402

Checks Payable to: Kronos Foods, Inc.

* When ordering chargeable items please mail in order form with check.
* Orders received without checks will be shipped out COD. Payment can be made to the UPS driver upon delivery.
* Allow 2-3 weeks for shipping

The Premier Specialty Foods Company
KRONOS