

## POS Order Form

Business Name: \_\_\_\_\_

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

\_\_\_\_\_

Attention: \_\_\_\_\_

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

Distributor (Required): \_\_\_\_\_

Item #	Description	Quantity	Cost	Extended Cost
<b>Subtotal</b>				
<b>Plus Local Sales Tax</b>				
<b>Total Cost</b>				

**Mail Form to:** Kronos Foods, Inc.  
 4501 W. District Blvd.  
 Chicago, IL 60632  
 Attention: Operator Marketing

**Fax Form to:** 773-847-4316

**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

