

**Quail Cove Farms, Inc.**  
**Organic Natural Foods**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 GROUP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

Send To:  
**Quail Cove Farms, Inc.**  
 PO Box 208  
 Machipongo, VA 23405  
 Office: 757-678-7783  
 Fax: 757-678-5354  
 Toll-Free: 1-877-822-9900

The minimum order amount per individual invoice is \$50.00 before taxes. A \$5.00 "fee" will be added to every invoice. Delivery minimums will vary according to location.

CREDIT CARD #: VISA - MASTER CARD      EXP. DATE

DELIVERY DATE:

ITEM LETTER / #	PRODUCT DESCRIPTION	QUANTITY EACH	CASE	PRICE/UNIT	TOTAL PRICE	COMMENTS
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