

Poppys Order Form

1. Shipping Address

Name: _____
Address: _____
City _____ State _____ Zip _____
Phone: _____ Fax: _____
Email: _____

2. Products Ordered : ORDER # _____

Subtotal: \$ _____
Shipping: \$ _____
Total: \$ _____

Method of Payment:

Check Cash Money Order

PLEASE MAIL OR FAX FORM & PAYMENT TO:

Poppys Pantry
PO Box 871
Del Mar, CA 92014-0871
fax: (270) 458-5696
tel: (760)-804-0140