Fruit Bowl Delivery Agreement

After filling out this agreement, please fax to 412-563-8319.

Pathways to SmartCare, will deliver a bowl of fresh fruit on a regularly scheduled date, stipulated in the detailed order form below. When you receive the delivered basket, please sign off on our delivery sheet so that we know you accepted the quantities ordered. We will bill you for the cost of the fruit basket bi-monthly and you can pay by check or credit card for your order. Please let us know if you have any questions or changes to your order or billing inquiries!

Liz Kanche LHKanche@american-healthcare.net or 412-563-7854.

In the event that the delivery day is scheduled on a national holiday, the delivery will be made on the next business day.

Thank you for your business and we look forward to providing you with fresh, healthy fruit.

Do you have a bowl to hold the fruit? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\*\*If needed, first bowl is included; each additional bowl is $10.00.

Time building can be accessed: \_\_\_\_\_\_ Person receiving fruit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Payment & Delivery Information |
| Company: |  | **Contact Name:** |  |
| Billing Address: |  | **City/State/Zip:** |  |
| Delivery Address: |  | **City/State/Zip:** |  |
| Phone: |  | **Fax:** |  | **Email:** |  |
| Quantity: | 50$60 | 75$90 | 100$120 | 150$180 | **Drop location:** |
| Frequency: | Weekly Bi-Monthly Monthly |
| Payment Method: | \*Check via Invoice Credit Card:\*Checks payable to: 733 Washington Road, Suite 102 Pittsburgh, PA 15228 |
| Credit Card Type: | Visa MasterCard American Express |
| Card Number: |  |
| Exp. Date and Security Code |  |
| Name on card: |  |
| Address where the credit card bill is sent: |  |