

Seller's Name

Organization Name

My goal is to sell _____ boxes.

Date to return order forms: _____

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ITEM NUMBER

SALES PRICE

CUSTOMER'S NAME•ADDRESS•PHONE

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

TOTAL UNITS SOLD

TOTAL DOLLARS SOLD

2/5 bu. Red Grapefruit

2/5 bu. Navel Oranges

2/5 bu. Tangelos

2/5 bu. Juice Oranges

2/5 bu. Mixed Box

2/5 bu. Navel-Grapefruit-Apple Trio

2/5 bu. Pear-Navel-Apple Trio

1/2 bu. Red Delicious Apples

2/5 bu. Gift Box

1/2 bu. Holiday Pack

1/2 bu. D'Anjou Pears

Amount Paid

Amount Due