



Smile Card Bulk Order Form

Order Information

Card Value	Quantity	Extended Total
\$10	_____	_____
\$20	_____	_____
\$25	_____	_____
\$50	_____	_____
\$100	_____	_____
Other Amount	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Discount Structure (based on total order) Order Value % \$0-\$999 0% \$1,000-\$1,499 2% \$1,500-\$3,999 4% \$4,000+ 6%	Discount _____%
	Net Amount Due _____
	Date Required _____
	Please Note: All orders must be paid in full at time of receipt.

Contact Information

Name _____

Phone _____

Fax _____

Email _____

Company/Organization _____

Address _____

Please check applicable boxes

Special cards indicating no tobacco or lottery purchases

Envelopes Required
Quantity _____

Please bring this completed form with payment to any Thrifty Foods store.
 Questions: Thrifty Foods Customer Care: 1 800 667 8280

