



STORE ORDER FORM

PLEASE TYPE OR PRINT CLEARLY.

Name _____

Address/Billing Address _____

City _____ State _____ Zip _____

Purchaser's Phone Number _____ Email _____

Product Number	Product Name	Qty	Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping & handling _____

TOTAL _____

I'd like to pay with:

Check or money order enclosed made payable to Chocolate Mountaineers Supply Co.

Credit card American Express Discover MasterCard Visa

Name on credit card _____

Signature _____

Card # _____ Expiration date _____ CVC # _____

If purchasing a Membership Kit, please fill out and include the membership form with the order.

Send to: Chocolate Mountaineers Club
9175 E. Kenyon Ave., Suite 201, Denver, CO 80237
303-694-1155, Toll-Free 844-694-1155
Email: support@chocmntnrs.com

THANK YOU. THANK YOU. THANK YOU.

For more information:

ChocolateMountaineersClub.com
ChocolateMountaineersFoundation.org

